

Commonwealth of Massachusetts.

City or Town, Southboro Mass.

Date of Birth, Feb 1 1931.

Born Alive, yes.

Color (if other than white), white

Name (if named), James A. Harris

Place of Birth, No. Clifford Street

Name of Father, James G. Harris

Name of Mother, Annie Harris

Maiden Name of Mother, Annie M. Grant

Age of Father, 38 Mother, 34

Residence of Parents, No. Clifford Street

Ward _____

Occupation of Father, Laborer

Occupation of Mother (if any), Housewife

Birthplace of Father, Southboro Mass

Birthplace of Mother, Benton Me.

did _____ personally attend the birth.

(Signature), Howell Bacon

54 _____

Physician

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Fill out with ink. All names to be in full.

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Town of Southboro.
All names to be in full.

Date of Birth Feb. 5, 1951.

Full Name of Child . . . Sarajian, Dora Anzhagoul

Sex, Color, and if Twin . . . Female-White.

Place of Birth Cordaville Road.
Street and Number, if any

Full Name of Father . . . Sarajian, Charlie Age 38

Maiden Name of Mother . . . Morris, Margaret Age 34

Residence of Parents . . . Cordaville Road.
Street and Number, if any

Occupation of Father . . . Printer.

Occupation of Mother . . . Home.

Birthplace of Father Armenia.

Birthplace of Mother . . . Boston, Mass.

Dated at Marlborough February 3, 1952.

Signature of person making
return or in attendance
at birth.Edgar N. Morris W.S.
Marlboro Mass

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH		Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
1		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.....	
NO.		Framingham Union Hospital		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD David Norman Cox							
3 Sex m		4 If plural Births		5 Born ALIVE or STILLBORN		6 Date of Birth	
3a Color W		(a) Twin, triplet or other.....		alive		February 8, 1931 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME		James H. Cox		13 MOTHER MAIDEN NAME		Mary G. Hunt	
8 RESIDENCE, No.		(Cordaville)		14 RESIDENCE, No.		STREET	
CITY OR TOWN		Southboro		CITY OR TOWN		Southboro	
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY	
		32 (YEARS)				28 (YEARS)	
11 PLACE OF BIRTH		Boston, Mass.		17 PLACE OF BIRTH		Southboro, Mass.	
(CITY OR TOWN)		(STATE OR COUNTRY)		(CITY OR TOWN)		(STATE OR COUNTRY)	
12 OCCUPATION		Painter		18 OCCUPATION		h w	
19 SIGNATURE OF ATTENDANT AT BIRTH		E. F. Regan		M. D.		(PHYSICIAN, PARENT OR OTHER, ETC.)	
ADDRESS No.		54 Proctor		STREET		Framingham	
DATE		2/10/31		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?		yes	
(MONTH)		(DAY)		(YEAR)			
20 RECEIVED		2/12/31		21 RECEIVED		May 26 31	
(MONTH)		(DAY)		(MONTH)		(DAY)	
(YEAR)		(YEAR)		(YEAR)		(YEAR)	
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

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100M-11-29, No. 7182-f

1	PLACE OF BIRTH	Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)
		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.
NO.		Framingham Union Hosp.		STREET	WARD	(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2		FULL NAME OF CHILD <u>Bettie Lawrence</u>				
3	Sex	fe	4	(a) Twin, triplet or other.....	5	Born ALIVE or STILLBORN
3a	Color	W	If plural Births	(b) Number, in order of birth.....	alive	6
						Date of Birth
						March 16, 1931
						(MONTH) (DAY) (YEAR)
7	FATHER			13		
FULL NAME	Edwin C. Lawrence			MOTHER		
				MAIDEN NAME		
				Margaret Barber		
				PRESENT NAME		
				Lawrence		
8	RESIDENCE, No.			14		
	STREET			RESIDENCE, No.		
	CITY OR TOWN			CITY OR TOWN		
	Southboro			Southboro		
	STATE			STATE		
9	COLOR OR RACE	W	10	AGE AT LAST BIRTHDAY	45	(YEARS)
11	PLACE OF BIRTH			15		
	So. Carolina			COLOR OR RACE		
	(CITY OR TOWN)			W		
	(STATE OR COUNTRY)			16		
				AGE AT LAST BIRTHDAY		
				28		
				(YEARS)		
12	Master			17		
OCCUPATION				PLACE OF BIRTH		
				Southboro, Mass.		
				(CITY OR TOWN)		
				(STATE OR COUNTRY)		
13	J. Lowell Bacon			18		
SIGNATURE OF ATTENDANT AT BIRTH				h w		
	(NAME)			OCCUPATION		
14	ADDRESS No.			19		
	STREET			SIGNATURE OF ATTENDANT AT BIRTH		
	Southboro			J. Lowell Bacon		
	(CITY OR TOWN)			(NAME)		
15	DATE			20		
(MONTH)	(DAY)			RECEIVED		
(YEAR)				March 20		
				(MONTH) (DAY) (YEAR)		
16	DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			21		
				RECEIVED		
				March 20		
				(MONTH) (DAY) (YEAR)		
17	3/17/31			22		
RECEIVED				RECEIVED		
(MONTH)	(DAY)			March 20		
(YEAR)				(MONTH) (DAY) (YEAR)		
18	3			23		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

THE COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Town of Southboro
All names to be in full. *Mass.*

Date of Birth	<i>March 16, 1931</i>	
Full Name of Child . .		
Sex, Color, and if Twin	<i>Female, white.</i>	Born alive? <i>yes</i>
Place of Birth	<i>Northboro Rd. Southboro</i>	Ward
	Street and Number, if any	
Full Name of Father . .	<i>Reginald Miner</i>	Age <i>27</i>
Maiden Name of Mother	<i>Rosa D. Tadeau</i>	Age <i>22</i>
Residence of Parents . .	<i>Northboro Rd. Southboro</i>	Ward
	Street and Number, if any	
Occupation of Father . .	<i>Farmer</i>	
Occupation of Mother . .	<i>At Home</i>	
Birthplace of Father . .	<i>Guilford Vt.</i>	
Birthplace of Mother . .	<i>Hardwick Mass.</i>	

Dated at Marlborough, *March 18* 19*31*

I did personally attend the birth.

Signature of person making
return or in attendance
at birth. *C. W. Smith M.D.*

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100M-11-29. No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD Penelope Ann Josephine Ketchum					
3 Sex fe	4 (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....	5 Born ALIVE or STILLBORN alive	6 Date March 18, 1931 (MONTH) (DAY) (YEAR)		
3a Color W	7 FATHER FULL NAME Philip Ketchum		13 MOTHER MAIDEN NAME Ottilie Ormsby PRESENT NAME Ketchum		
8 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE		14 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE			
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 31 (YEARS)	15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 31 (YEARS)	
11 PLACE OF BIRTH Canada (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Canada (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION School master		18 OCCUPATION hw			
19 SIGNATURE OF ATTENDANT AT BIRTH J. Lowell Bacon (NAME)		M. D. (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. STREET		Southboro (CITY OR TOWN)			
DATE (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED March 3/25/31 (MONTH) (DAY) (YEAR) 5 W. A. Walsh		21 RECEIVED March 20 (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

THE COMMONWEALTH OF MASSACHUSETTS

RETURN OF A BIRTH

TO THE CLERK OF ~~THE CITY OF MARLBOROUGH~~**Southboro, Mass.**
All names to be in full.

Date of Birth **April 14, 1931.**
 Full Name of Child . . **McCarthy**
 Sex, Color, and if Twin **Male - White.**
 Place of Birth **White-Bagley Road.**
 Street and Number, if any
 Full Name of Father . . **McCarthy, Michael J.** Age **39**
 Maiden Name of Mother **Dufault, Angelina** Age **36**
 Residence of Parents . **White-Bagley Rd.**
 Street and Number, if any
 Occupation of Father . . **Carpenter**
 Occupation of Mother . . **Home**
 Birthplace of Father . . **Southboro, Mass.**
 Birthplace of Mother . . **Marlboro, Mass.**

Dated at Marlborough **April 15, 1931** 192

Signature of person making
 return or in attendance
 at birth.

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100M-11-'29, No. 7182-f

MIDDLESEX

(COUNTY)

MARLBOROUGH

(CITY OR TOWN)

Marlboro Hospital

NO.

STREET

WARD

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

COPY OF

CERTIFICATE OF BIRTH

Registered No.

Hunt

2 FULL NAME OF CHILD

3 Sex

3a Color

male w

4

If plural Births

(a) Twin, triplet or other

(b) Number, in order of birth

5 Born ALIVE or STILLBORN

alive

6 Date

of Birth

April

20

1931

(MONTH)

(DAY)

(YEAR)

7

FULL NAME

FATHER

13

MAIDEN NAME

Mary

MOTHER

E. Hunt

PRESENT NAME

8

RESIDENCE, No.

STREET

CITY OR TOWN

STATE

14

RESIDENCE, No.

STREET

CITY OR TOWN

Cordaville
Southboro

STATE

Mass.

9

COLOR OR RACE

10

AGE AT LAST BIRTHDAY

(YEARS)

15

COLOR OR RACE

W

16

AGE AT LAST BIRTHDAY

22

(YEARS)

11

PLACE OF BIRTH

(CITY OR TOWN)

(STATE OR COUNTRY)

17

PLACE OF BIRTH

Book/keeper
Southborough

(CITY OR TOWN)

Mass

(STATE OR COUNTRY)

12

OCCUPATION

18

OCCUPATION

Book keeper

19

SIGNATURE OF ATTENDANT AT BIRTH

C.W. Smith

(NAME)

(PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No.

W. Main St

STREET

Marlborough

(CITY OR TOWN)

DATE

April

24

1931

(MONTH)

(DAY)

(YEAR)

DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?

yes

20

RECEIVED

April

29

1931

(MONTH)

(DAY)

(YEAR)

21

RECEIVED

(MONTH)

(DAY)

(YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

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100M-11-29, No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD baby McCarthy				COPY OF CERTIFICATE OF BIRTH		Registered No.	
3 Sex fe	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
3a Color W	(b) Number, in order of birth.....	alive		April 27, 1931	(MONTH)	(DAY)	(YEAR)
7 FATHER FULL NAME Thomas McCarthy				13 MOTHER MAIDEN NAME Ann Mattioli			
8 RESIDENCE, No. Newton STREET				14 RESIDENCE, No. Newton STREET			
CITY OR TOWN Southboro STATE				CITY OR TOWN Southboro STATE			
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 31 (YEARS)	15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 29 (YEARS)			
11 PLACE OF BIRTH Marlboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		18 OCCUPATION h W			
12 OCCUPATION Mason		19 SIGNATURE OF ATTENDANT AT BIRTH J. Lowell Bacon M. D. (NAME)		(PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No.		STREET Southboro (CITY OR TOWN)		DATE (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes	
20 RECEIVED 4/29/31 Wm. S. Walsh REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		21 RECEIVED (MONTH) (DAY) (YEAR)		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

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100M-11-29, No. 7182-f

1 PLACE OF BIRTH		Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
1		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Framingham Union Hosp.		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD		Mae Rita Paul					
3 Sex		fe		4 (a) Twin, triplet or other		5 Born ALIVE or STILLBORN	
3a Color		W		(b) Number, in order of birth		6 Date of Birth	
		If plural Births				May 1, 1931 (MONTH) (DAY) (YEAR)	
7 FATHER		FULL NAME		13 MOTHER		FULL NAME	
		Felix J. Paul				Corinne J. Liberty	
						Paul	
8 RESIDENCE, No.		STREET		14 RESIDENCE, No.		STREET	
CITY OR TOWN		Southboro		CITY OR TOWN		Southboro	
STATE				STATE			
9 COLOR OR RACE		W		10 AGE AT LAST BIRTHDAY		38 (YEARS)	
11 PLACE OF BIRTH		Canada		15 COLOR OR RACE		W	
(CITY OR TOWN)		(STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY		37 (YEARS)	
12 OCCUPATION		Weaver		17 PLACE OF BIRTH		Southboro, Mass.	
				(CITY OR TOWN)		(STATE OR COUNTRY)	
19 SIGNATURE OF ATTENDANT AT BIRTH		W. H. Gane		18 OCCUPATION		h w	
		(NAME)					
ADDRESS No.		STREET		M. D.		(PHYSICIAN, PARENT OR OTHER, ETC.)	
				Ashland		(CITY OR TOWN)	
DATE		(MONTH)		(DAY)		(YEAR)	
						DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes	
20 RECEIVED		5/4/31		21 RECEIVED			
(MONTH)		(DAY)		(MONTH)		(DAY)	
(YEAR)				(YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Commonwealth of Massachusetts.

City or Town, Southboro Mass
Date of Birth, May 26 1931.
Sex Male Born Alive, Yes
Color (if other than white), White
Name (if named), _____
Place of Birth, No. Sears Rd Street
Name of Father, Ralph Brown
Name of Mother, Louise Brown
Maiden Name of Mother, " Elliott
Age of Father, 35 Mother, 32
Residence of Parents, No. Sears Rd Street
Ward _____
Occupation of Father, Farmer
Occupation of Mother (if any), House wife
Birthplace of Father, Plainfield Conn
Birthplace of Mother, Lebanon Conn
I did _____ personally attend the birth.

(Signature),

Louise Bacon

Physician

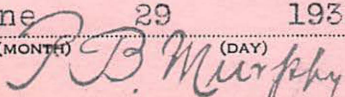
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Fill out with ink.

All names to be in full.

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100M-11-'29. No. 7182-f

1	PLACE OF BIRTH	MIDDLESEX (COUNTY)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)
		MARLBOROUGH (CITY OR TOWN)			Registered No.....
		Marlboro Hospital		COPY OF CERTIFICATE OF BIRTH	
NO.....		STREET.....		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
		Howes			
2 FULL NAME OF CHILD.....					
3 Sex male	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth	May 30 1931 (MONTH) (DAY) (YEAR)
7 FULL NAME	FATHER Robert H. Howes		13 MAIDEN NAME	MOTHER Mary A. Burke	
8 RESIDENCE, No.	Upland Rd.		14 RESIDENCE, No.	Upland Rd	
CITY OR TOWN	Southborough		CITY OR TOWN	Southborough	
9 COLOR OR RACE	10 AGE AT LAST BIRTHDAY	42 (YEARS)	15 COLOR OR RACE	16 AGE AT LAST BIRTHDAY	39 (YEARS)
11 PLACE OF BIRTH	Southborough Mass (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH	Southborough Mass (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION	Postmaster		18 OCCUPATION	at home	
19 SIGNATURE OF ATTENDANT AT BIRTH	C.H. Merrill (NAME)		Physician (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No.	Mechanic		Marlborough (CITY OR TOWN)		
DATE	May 31 1931 (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED	June 29 1931 (MONTH) (DAY) (YEAR)		21 RECEIVED		
					
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

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100M-11-29. No. 7182-f

1 PLACE OF BIRTH		SUFFOLK (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (CITY OR TOWN MAKING THIS RETURN) 7202	
1		BOSTON (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		STREET		WARD		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD WARREN SPAULDING CLARK							
3 Sex M	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date of Birth	JUN 6 1931		
3a Color W		(b) Number, in order of birth.....	11		(MONTH)	(DAY)	(YEAR)
7 FATHER FULL NAME RALPH H				13 MOTHER MAIDEN NAME CARRIE G RICHARDSON PRESENT NAME			
8 RESIDENCE, No. SOUTHVILLE RD CITY OR TOWN SOUTHVILLE STATE				14 RESIDENCE, No. CITY OR TOWN STATE			
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 37	(YEARS)		15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 33	(YEARS)	
11 PLACE OF BIRTH W WARREN (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH METHUEN (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION CLERK				18 OCCUPATION HFE			
19 SIGNATURE OF ATTENDANT AT BIRTH D L JACKSON M D 472 COMMWLTH (NAME)				(PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No.				STREET BOSTON (CITY OR TOWN)			
DATE JUN 6 1931 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? YES			
20 RECEIVED 12 (MONTH) (DAY) (YEAR)				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED <i>James J. Mulvey</i>				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH	Essex (COUNTY)				Lynn (CITY OR TOWN)		Lynn (CITY OR TOWN MAKING THIS RETURN)	
	Lynn (CITY OR TOWN)				Lynn (CITY OR TOWN MAKING THIS RETURN)			
NO. Lynn Hospital		STREET		WARD		Registered No. 849		
2 FULL NAME OF CHILD ----- Howes								
3 Sex F		4 If plural Births		5 Born ALIVE or STILLBORN alive		6 Date of Birth June 16, 1931 (MONTH) (DAY) (YEAR)		
3a Color W		(a) Twin, triplet or other		(b) Number, in order of birth				
7 FATHER FULL NAME Alfred Howes				18 MOTHER MAIDEN NAME Ceciline Low PRESENT NAME Ceciline Howes				
8 RESIDENCE, No. Newton CITY OR TOWN Southboro STATE Mass.				14 RESIDENCE, No. Newton CITY OR TOWN Southboro STATE Mass.				
9 COLOR OR RACE white		10 AGE AT LAST BIRTHDAY 31 (YEARS)		15 COLOR OR RACE white		16 AGE AT LAST BIRTHDAY 25 (YEARS)		
11 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Essex, Mass. (CITY OR TOWN) (STATE OR COUNTRY)				
12 OCCUPATION Lawyer				18 OCCUPATION housewife				
19 SIGNATURE OF ATTENDANT AT BIRTH Charles McGinley (NAME)				Physician (PHYSICIAN, PARENT OR OTHER, ETC.)				
ADDRESS No. 67 Nahant (CITY OR TOWN)				Lynn (CITY OR TOWN)				
DATE June 16, 1931 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes				
20 RECEIVED June 20, 1931 13 (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				21 RECEIVED (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE				

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

1	PLACE OF BIRTH	Middlesex (COUNTY)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Frammingham (CITY OR TOWN MAKING THIS RETURN)					
		Frammingham (CITY OR TOWN)	COPY OF CERTIFICATE OF BIRTH		Registered No.					
NO.		Frammingham Union Hosp.		STREET	WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2		FULL NAME OF CHILD Regina Kiley								
3	Sex	fe	4	(a) Twin, triplet or other	5	Born ALIVE or STILLBORN	6	Date	June 26, 1931	
3a	Color	W	If plural Births	(b) Number, in order of birth	alive		of Birth	(MONTH)	(DAY)	(YEAR)
7		FATHER		13		MOTHER				
FULL NAME		Arthur J. Kiley		MAIDEN NAME		Mary E. McLaughlin				
				PRESENT NAME		Kiley				
8		RESIDENCE, No.		Edgewood rd.		STREET				
CITY OR TOWN		Southboro		STATE						
9		COLOR OR RACE		W		10		AGE AT LAST BIRTHDAY		
								(YEARS)		
11		PLACE OF BIRTH		Boston, Mass.		17		PLACE OF BIRTH		
		(CITY OR TOWN)		(STATE OR COUNTRY)				(CITY OR TOWN)		
12		OCCUPATION		Clerk		18		OCCUPATION		
								hw		
19		SIGNATURE OF ATTENDANT AT BIRTH		M. J. Shaughnessy		M. J. Shaughnessy M.D.				
				(NAME)		(PHYSICIAN, PARENT OR OTHER, ETC.)				
ADDRESS No.				STREET		Frammingham				
						(CITY OR TOWN)				
DATE		(MONTH)		(DAY)		(YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?		
								yes		
20		RECEIVED		7/16/31		21		RECEIVED		
		(MONTH)		(DAY)		(YEAR)		(MONTH)		
								(DAY)		
								(YEAR)		
		REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED						REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hospital STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD Robert Withny Burns					
3 Sex m	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date	Aug. 4, 1931	
3a Color W	If plural Births (b) Number, in order of birth	alive	of Birth	(MONTH)	(DAY) (YEAR)
7 FATHER FULL NAME Robert Burns			13 MOTHER MAIDEN NAME Julia C. Abrahamson PRESENT NAME Burns		
8 RESIDENCE, No. Main STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Main STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 25 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 25 (YEARS)		
11 PLACE OF BIRTH Boston Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Sweden (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION not working			18 OCCUPATION housework		
19 SIGNATURE OF ATTENDANT AT BIRTH E. F. Regan (NAME)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET Framingham (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 8/6/31 (MONTH) (DAY) (YEAR) W. S. Walsh			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham
(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.....

1 PLACE OF BIRTH
Middlesex
(COUNTY)
Framingham
(CITY OR TOWN)

NO. Framingham Union Hosp. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD John Lawrence Ellsworth

3 Sex m 4 (a) Twin, triplet or other..... 5 Born ALIVE or STILLBORN alive 6 Date of Birth August 8, 1931
3a Color W If plural Births (b) Number, in order of birth..... (MONTH) (DAY) (YEAR)

7 FATHER
FULL NAME Lawrence E. Ellsworth

13 MOTHER
MAIDEN NAME Eunice A. Joslin
PRESENT NAME Ellsworth

8 RESIDENCE, No. Valey rd. STREET
CITY OR TOWN Southboro STATE

14 RESIDENCE, No. Valley rd. STREET
CITY OR TOWN Southboro STATE

9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 40 (YEARS)

15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 42 (YEARS)

11 PLACE OF BIRTH Webster, Mass.
(CITY OR TOWN) (STATE OR COUNTRY)

17 PLACE OF BIRTH Petersboro, N.H.
(CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION Market gardener

18 OCCUPATION h w

19 SIGNATURE OF ATTENDANT AT BIRTH James Glass
(NAME)

M.D.
(PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. STREET Framingham
(CITY OR TOWN)

DATE (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes

20 RECEIVED 8/11/31
(MONTH) (DAY) (YEAR)
16 W. S. Walsh

21 RECEIVED
(MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

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100M-11-29. No. 7182-f

MARGIN RESERVED FOR BINDING

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100M-11-'29, No. 7182-f

1 PLACE OF BIRTH		MIDDLESEX (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
1		MARLBOROUGH (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Marlboro Hospital		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Doris Ruth Allen							
3 Sex Female		4 (a) Twin, triplet or other If plural Births		5 Born ALIVE or STILLBORN alive		6 Date of Birth Sept 1 1931 (MONTH) (DAY) (YEAR)	
3a Color W		(b) Number, in order of birth					
7 FULL NAME Aubrey C. Allen FATHER				13 MOTHER Edna J. Cadieux Maiden Name PRESENT NAME Allen			
8 RESIDENCE, No. Newton St. CITY OR TOWN Southborough STATE Mass				14 RESIDENCE, No. Newton CITY OR TOWN Southborough STATE Mass			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 27 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 29 (YEARS)	
11 PLACE OF BIRTH Marlborough Mass (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Marlborough Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION stationary engineer				18 OCCUPATION at home			
19 SIGNATURE OF ATTENDANT AT BIRTH C.R. Merrill (NAME) Mechanic				Physician (PHYSICIAN, PARENT OR OTHER, ETC.) Marlborough (CITY OR TOWN)			
ADDRESS No.				STREET			
DATE Sept 2 1931 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED Sept 28 1931 (MONTH) (DAY) (YEAR) 17 J.B. Murphy				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF ~~THE CITY OF MARLBOROUGH~~
SOUTHBORO, Mass.*Fill out with ink.**All names to be in full.*

Date of Birth	Sept. 4, 1931.	
Full Name of Child . . .	Mauro.	
Sex, Color, and if Twin .	Male-White.	
Place of Birth	Latisquamma Rd.	Ward.....
	Street and Number, if any	
Full Name of Father . . .	Mauro, Joseph.	31 Age.....
Maiden Name of Mother .	Pessalano, Lucy	23 Age.....
Residence of Parents . . .	Latisquamma Rd.	Ward.....
	Street and Number, if any	
Occupation of Father . . .	Truck-driver.	
Occupation of Mother . . .	Home.	
Birthplace of Father . . .	Southboro, Mass.	
Birthplace of Mother . . .	Marlboro, Mass.	

Dated at Marlborough 18 Sept. 5, 1931. 192

Signature of person making
return or in attendance

Edw N Merrill Jr.
Marlboro Mass

9/17-31

THE COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF ~~MARLBOROUGH~~

All names to be in full.

Town of
Southboro

Date of Birth

Sept 12, 1931

Full Name of Child . .

Sex, Color, and if Twin

Male, white

Born alive?

yes

Place of Birth

Northboro Rd, Southboro

Ward

Street and Number, if any

Full Name of Father .

Elmer F. Henry

Age 36

Maiden Name of Mother

Lena R. Miner

Age 29

Residence of Parents .

Northboro Rd, Southboro

Ward

Street and Number, if any

Occupation of Father .

Farmer

Occupation of Mother .

At Home

Birthplace of Father .

Le Verne, Iowa

Birthplace of Mother .

Gilford Vt.

Dated at Marlborough,

Sept. 16

1931

I did personally attend the birth.

Signature of person making
return or in attendance
at birth.

C. W. Smith M.D.

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100M-11-29. No. 7182-f

1	PLACE OF BIRTH	Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)
		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.....
NO.		Framingham Union Hosp.		STREET	WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD		Wallace Ray Moore				
3 Sex	M	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date of Birth	Sept. 14, 1931
3a Color	W	(b) Number, in order of birth.....	alive		(MONTH)	(DAY) (YEAR)
7 FATHER FULL NAME Harry W. Moore			13 MOTHER MAIDEN NAME Harriet Hathaway PRESENT NAME Moore			
8 RESIDENCE, No. Prentiss STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Prentiss STREET CITY OR TOWN Southboro STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 34 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 29 (YEARS)
11 PLACE OF BIRTH Worcester, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Newton, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Attendant - Grafton State Hospital			18 OCCUPATION h W			
19 SIGNATURE OF ATTENDANT AT BIRTH James Glass (NAME)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. STREET Framingham (CITY OR TOWN)						
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?			
20 RECEIVED 9/18/31 (MONTH) (DAY) (YEAR)			21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

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100M-11-'29. No. 7182-f

1 PLACE OF BIRTH		MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN) Marlboro Hospital		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Registered No..... (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD		Oghidanian					
3 Sex Male	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date of Birth	Sept 28 1931 (MONTH) (DAY) (YEAR)		
7 FULL NAME	FATHER James A. Oghidanian			13 MAIDEN NAME	MOTHER Alice Hajian		
8 RESIDENCE, No.	Newton St.			14 RESIDENCE, No.	Newton		
CITY OR TOWN	Southborough STATE Mass.			CITY OR TOWN	Southborough STATE Mass.		
9 COLOR OR RACE	10 AGE AT LAST BIRTHDAY	34 (YEARS)		15 COLOR OR RACE	16 AGE AT LAST BIRTHDAY	27 (YEARS)	
11 PLACE OF BIRTH	Armenia (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH	Armenia (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION	Lunch room			18 OCCUPATION	at home		
19 SIGNATURE OF ATTENDANT AT BIRTH	C.W. Smith (NAME)			Physician (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No.	West Main			Marlborough Mass (CITY OR TOWN)			
DATE	Sept 28 1931 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED	Sept 29 1931 (MONTH) (DAY) (YEAR)			21 RECEIVED			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

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100M-11-29, No. 7182-1

1	PLACE OF BIRTH	Middlesex (COUNTY)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
		Framingham (CITY OR TOWN)			Registered No.	
		COPY OF CERTIFICATE OF BIRTH				
		Framingham Union Hospital NO. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				
2		FULL NAME OF CHILD Jay Henderson Montgomery				
3	Sex	m	4	(a) Twin, triplet or other	5	Born ALIVE or STILLBORN alive
3a	Color	W	If plural Births	(b) Number, in order of birth	6	Date of Birth Sept. 24, 1931 (MONTH) (DAY) (YEAR)
7	FATHER			13	MOTHER	
FULL NAME	Eugene P. Montgomery			MAIDEN NAME	Helen L. Coates	
				PRESENT NAME	Montgomery	
8	RESIDENCE, No. STREET			14	RESIDENCE, No. STREET	
	CITY OR TOWN Southboro STATE				CITY OR TOWN Southboro STATE	
9	COLOR OR RACE	W	10	AGE AT LAST BIRTHDAY	29	(YEARS)
11	PLACE OF BIRTH Worcester, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			15	COLOR OR RACE	W
12	OCCUPATION Teacher			16	AGE AT LAST BIRTHDAY	25 (YEARS)
				17	PLACE OF BIRTH Worcester, Mass. (CITY OR TOWN) (STATE OR COUNTRY)	
				18	OCCUPATION hw	
19	SIGNATURE OF ATTENDANT AT BIRTH J. Lowell Bacon M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)					
ADDRESS No.		STREET Southbro		(CITY OR TOWN)		
DATE 9/25/31 (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?		yes		
20	21					
RECEIVED	9/29/31 (MONTH) (DAY) (YEAR)			RECEIVED	(MONTH) (DAY) (YEAR)	
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

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100M-11-29, No. 7182-f

1 PLACE OF BIRTH	Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)
	Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.
NO. Framingham Union Hosp. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2 FULL NAME OF CHILD Harvey Daniel Bigelow					
3 Sex M	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth Oct. 1, 1931	
3a Color W		(b) Number, in order of birth	alive	(MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Francis D. Bigelow			13 MOTHER MAIDEN NAME Margaret Harvey PRESENT NAME Bigelow		
8 RESIDENCE, No. Otis corner STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Otis corner STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 40 (YEARS)	15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 39 (YEARS)
11 PLACE OF BIRTH Petersham, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Nova Scotia (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Farmer			18 OCCUPATION h W		
19 SIGNATURE OF ATTENDANT AT BIRTH George C. Anthony (NAME)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET Wellesley (CITY OR TOWN)					
DATE 10/1/31 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes		
20 RECEIVED 10/2/31 (MONTH) (DAY) (YEAR) 23 W. J. Walsh REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

THE COMMONWEALTH OF MASSACHUSETTS

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

All names to be in full.

Date of Birth	October 4. 1931	
Full Name of Child	Helen White	
Sex, Color, and if Twin	Born alive?	Yes
Place of Birth	Winchester St. Southboro Mass.	
	Street and Number, if any	
Full Name of Father	Henry Guthrie	Age 42
Maiden Name of Mother	Hattie Trumble	Age 31
Residence of Parents	Winchester St Southboro Mass	
	Street and Number, if any	
Occupation of Father	Laborer	
Occupation of Mother	Housewife	
Birthplace of Father	Nova Scotia	
Birthplace of Mother	Nova Scotia	

Dated at Marlborough, Oct 8 1931

I did personally attend the birth.

24
Signature of person making
return or in attendance
at birth. } J. J. Duhamel MD
Marlow Mass

MIDDLESEX

(COUNTY)
MARLBOROUGH

(CITY OR TOWN)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF BIRTH

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

Registered No.

1 PLACE OF BIRTH

NO. Marlboro Hospital STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Charles Neno Gasparoni3 Sex Male 4 If plural Births { (a) Twin, triplet or other 5 Born ALIVE or STILLBORN alive 6 Date of Birth Oct. 16 1931
3a Color W (b) Number, in order of birth (MONTH) (DAY) (YEAR)7 FULL NAME Ermeti Gasparoni FATHER 13 MAIDEN NAME Cesira Levi MOTHER
PRESENT NAME Gasparoni8 RESIDENCE, NO. Latisquama Rd STREET 14 RESIDENCE, NO. Latisquama Rd STREET
CITY OR TOWN Southborough STATE Mass CITY OR TOWN Southborough STATE Mass9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 38 (YEARS) 15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 38 (YEARS)11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY) 17 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)12 OCCUPATION Machinist 18 OCCUPATION at home19 SIGNATURE OF ATTENDANT AT BIRTH C.H. Merrill (NAME) Physician (PHYSICIAN, PARENT OR OTHER, ETC.)ADDRESS No. Mechanic STREET Marlborough (CITY OR TOWN)DATE Oct 18 1931 (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes20 RECEIVED Dec 15 1931 (MONTH) (DAY) (YEAR) 21 RECEIVED (MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

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100M-11-29. No. 7182-f

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-'29. No. 7182-f

1 PLACE OF BIRTH		MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN) Marlboro Hospital NO. _____ STREET _____ WARD _____		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN) Registered No. _____	
2 FULL NAME OF CHILD _____ Cibelli					
3 Sex male	4 (a) Twin, triplet or other. If plural Births	5 Born ALIVE or STILLBORN alive	6 Date of Birth	Oct. 30 1931 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Alde Cibelli			13 MOTHER MAIDEN NAME Eunice Fay PRESENT NAME Cibelli		
8 RESIDENCE, No. _____ STREET _____ CITY OR TOWN Southborough STATE Mass			14 RESIDENCE, No. _____ STREET _____ CITY OR TOWN Southborough STATE Mass		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 36 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 21 (YEARS)		
11 PLACE OF BIRTH (CITY OR TOWN) Italy (STATE OR COUNTRY)			17 PLACE OF BIRTH (CITY OR TOWN) Italy. (STATE OR COUNTRY)		
12 OCCUPATION Mason			18 OCCUPATION at home		
19 SIGNATURE OF ATTENDANT AT BIRTH C.H. Merrill (NAME) ADDRESS No. _____ STREET _____ DATE Nov 1 1931 (MONTH) (DAY) (YEAR)			Physician (PHYSICIAN, PARENT, OR OTHER, ETC.) Marlborough (CITY OR TOWN) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 26 Dec 15 1931 (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

1 PLACE OF BIRTH <i>Worcester</i> (COUNTY) <i>Southborough</i> (CITY OR TOWN) <i>Southville</i> NO. STREET WARD		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH		(CITY OR TOWN MAKING THIS RETURN) Registered No.	
2 FULL NAME OF CHILD <i>Donald Leon Pierce</i> { If child is not yet named, make supplemental report, as directed					
3 Sex <i>M</i>	4 If plural Births (a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN <i>alive</i>	6 Date <i>Nov. 2, 1931</i>		
3a Color <i>W</i>	(b) Number, in order of birth.....		of Birth (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME <i>Leon Alvin Pierce</i>			18 MOTHER MAIDEN NAME <i>Harriet Mabel Votter</i> PRESENT NAME <i>Harriet Mabel Pierce</i>		
8 RESIDENCE, No. <i>Southville</i> STREET CITY OR TOWN <i>Southboro</i> STATE <i>Mass</i>			14 RESIDENCE, No. <i>Southville</i> STREET CITY OR TOWN <i>Southboro</i> STATE <i>Mass</i>		
9 COLOR OR RACE <i>White</i>	10 AGE AT LAST BIRTHDAY <i>42</i> (YEARS)	15 COLOR OR RACE <i>White</i>	16 AGE AT LAST BIRTHDAY <i>27</i> (YEARS)		
11 PLACE OF BIRTH <i>New Braintree Mass</i> (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH <i>Clinton Mass</i> (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION <i>Railway Baggage man</i>			18 OCCUPATION <i>Housewife</i>		
19 SIGNATURE OF ATTENDANT AT BIRTH <i>Merrill Olson M.D.</i> (NAME)			(PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. <i>23 Ea Main</i>			STREET <i>Westborough</i> (CITY OR TOWN)		
DATE <i>Nov 13 1931</i> (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <i>yes</i>		
20 RECEIVED AT OFFICE OF CITY OR TOWN CLERK..... <i>27</i> (MONTH) (DAY) (YEAR)					
21 A TRUE COPY. ATTEST :..... (REGISTRAR)					

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

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100M-11-29, No. 7182-f

1	PLACE OF BIRTH	Middlesex (COUNTY)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS	Framingham (CITY OR TOWN)	Framingham (CITY OR TOWN MAKING THIS RETURN)
		Framingham (CITY OR TOWN)			
NO. Framingham Union Hosp.		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD		Earl Leach			
3 Sex	m	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color	W	(b) Number, in order of birth.....		alive	Dec. 2, 1931 (MONTH) (DAY) (YEAR)
7 FATHER FULL NAME John Leach			13 MOTHER MAIDEN NAME Martha Sitcawich PRESENT NAME Leach		
8 RESIDENCE, No. Ward rd. CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Ward rd. CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 39 (YEARS)		15 COLOR OR RACE W	
11 PLACE OF BIRTH Westmoreland, N. H. (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY 30 (YEARS)		17 PLACE OF BIRTH Boston, Mass. (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION Roller operator			18 OCCUPATION hw		
19 SIGNATURE OF ATTENDANT AT BIRTH James Glass (NAME)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET Framingham (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 12/4/31 28 MONTH DAY YEAR W. A. Walsh			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of sets of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-'29, No. 7182-1

1 PLACE OF BIRTH	MIDDLESEX (COUNTY)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)
	MARLBOROUGH (CITY OR TOWN)			Registered No.
COPY OF CERTIFICATE OF BIRTH Marlboro Hospital				
NO.		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME OF CHILD William Hamblen Park Jr				
3 Sex male	4 If plural Births W	{ (a) Twin, triplet or other..... (b) Number, in order of birth.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth Dec 15 1931 (MONTH) (DAY) (YEAR)
7 FATHER FULL NAME William H. Park		13 MOTHER MAIDEN NAME Beatrice L. Miller PRESENT NAME Park		
8 RESIDENCE, No. Turnpike Rd. CITY OR TOWN Fayville Southborough STATE Mass		14 RESIDENCE, No. Turnpile Rd CITY OR TOWN Fayville Southborough STATE Mass		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 30 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 23 (YEARS)	
11 PLACE OF BIRTH W. Newton Mass (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Fayville Mass (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Herdsman		18 OCCUPATION at home		
19 SIGNATURE OF ATTENDANT AT BIRTH C.H. Merrill Mechanic St. (NAME)		Physician Marlborough Mass (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No.		STREET		
DATE Dec 16 1931 (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED Jan 5 1932 29 (MONTH) (DAY) (YEAR) R.B. Murphy		21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N. B. This form is not necessary in the return of births received prior to the last day
for transmittal of annual returns to this office.

5m-9-31, No. 3246-b

1	PLACE OF BIRTH	Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)
		Framingham (CITY OR TOWN)		COPY OF DELAYED CERTIFICATE OF BIRTH		Registered No..... Deposition No.....
NO.		Framingham Union Hosp.		STREET	WARD	(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME OF CHILD		Edmund Henry Bullard				
3 Sex	m	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date of Birth	Dec. 21, 1931
3a Color	W	(b) Number, in order of birth.....	alive		(MONTH)	(DAY) (YEAR)
7 FULL NAME		FATHER		13 MOTHER		
Edmund H. Bullard		Edmund H. Bullard		Mary L. Draper		
8 RESIDENCE, No.		Winter		14 RESIDENCE, No.		
(AT TIME BIRTH OCCURRED)		STREET		(AT TIME BIRTH OCCURRED)		
CITY OR TOWN		Southboro		CITY OR TOWN		
STATE		STATE		STATE		
9 COLOR OR RACE	W	10 AGE AT LAST BIRTHDAY	28	(YEARS)	15 COLOR OR RACE	W
11 PLACE OF BIRTH	Medfield, Mass.	16 AGE AT LAST BIRTHDAY	29	(YEARS)	17 PLACE OF BIRTH	Southboro, Mass.
(CITY OR TOWN)	(STATE OR COUNTRY)	(CITY OR TOWN)	(STATE OR COUNTRY)	(STATE OR COUNTRY)	(CITY OR TOWN)	(STATE OR COUNTRY)
12 OCCUPATION	Salesman	18 OCCUPATION	h w	J. Lowell Bacon M.D.		
19 Attendant at birth or informant		(Name)		(Physician, parent, or other)		
(If there was no physician or attendant, draw line through "attendant at birth or")		Address No.		St.		
Southboro		(City or town)		Sept. 9, 1937		
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth		(Month)		(Day)		(Year)
21 RECEIVED	30	(MONTH)	(DAY)	(YEAR)	22 RECEIVED	September 10 - 1937
W. A. Walsh		B. E. S. S. S.		B. E. S. S. S.		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE				

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

COPY OF AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Middlesex } ss.:

Mary L. Bullard

being duly sworn, deposes and says that he resides at Southboro

that deponent has knowledge of the birth of Edmund Henry Bullard

named on the reverse side of this blank, that he is the person who made out the reverse side of this blank,

mailed or delivered on Sept. 9, 1937, to the office of the Town Clerk
(City or town clerk or registrar)

of the town of Framingham The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: Doctor and hospital both failed to report birth

The evidence submitted to substantiate the affidavit was:

Statement from Hospital Supt.

(Signed) Mary L. Bullard

Sworn to and subscribed before me,

this 9th day of Sept., 1937

Wm. J. Walsh

(City or town clerk, assistant clerk, or registrar)

CITY AND TOWN CLERKS WHO RECEIVE A CORRECTED COPY FROM A CLERK OF ANOTHER TOWN SHOULD TRANSMIT A COPY OF THE RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE

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100M-11-29. No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD Fantoni (sup.rep.not returned)					
3 Sex fe	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth	Dec. 29, 1931 (MONTH) (DAY) (YEAR)
3a Color W	(b) Number, in order of birth.....				
7 FATHER FULL NAME Charles Fantoni			13 MOTHER MAIDEN NAME Mary Mitchell PRESENT NAME Fantoni		
8 RESIDENCE, No. Turnpike rd. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Turnpike rd. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 44 (YEARS)	15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 41 (YEARS)			
11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Garage owner			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH Albert S. Owen (NAME)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET Framingham (CITY OR TOWN)			yes		
DATE 12/30/31 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?		
20 RECEIVED 1/2/32 (MONTH) (DAY) (YEAR) 31 <i>[Signature]</i>			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

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100M-11-29. No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham	
NO. Framingham Union Hosp. STREET WARD				(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Marie Fantony					
3 Sex fe	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN alive	6 Date of Birth	Dec. 30, 1931
3a Color W	(b) Number, in order of birth			(MONTH)	(DAY) (YEAR)
7 FATHER FULL NAME Charles Fantony			13 MOTHER MAIDEN NAME Mary Mitchell PRESENT NAME Fantony		
8 RESIDENCE, No. Turnpike rd. STREET			14 RESIDENCE, No. Turnpike rd. STREET		
CITY OR TOWN Southboro STATE			CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 44 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 41 (YEARS)		
11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Garage owner			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH Albert S. Owen (NAME)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. 24 Union ave. STREET			Framingham (CITY OR TOWN)		
DATE 12/30/31 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 1/2/32 (MONTH) (DAY) (YEAR) 32 B. S. Walsh			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

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100M-11-29. No. 7182-f

1	PLACE OF BIRTH	Middlesex (COUNTY)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)
		Framingham (CITY OR TOWN)	COPY OF CERTIFICATE OF BIRTH		Registered No.
NO. Framingham Union Hosp.		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD		Rinaldo			
3 Sex	m	4	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date
3a Color	W	If plural Births	(b) Number, in order of birth.....	stillborn	Jan. 10, 1932
			(MONTH)		(DAY) (YEAR)
7	FATHER		13 MOTHER		
FULL NAME	Horatio Rinaldo		MAIDEN NAME Jennie Socotelle		
			PRESENT NAME Rinaldo		
8	RESIDENCE, No. Cordaville rd.		14 RESIDENCE, No. Cordaville rd.		
	CITY OR TOWN Southboro		CITY OR TOWN Southboro		
	STATE		STATE		
9	COLOR OR RACE W	10	AGE AT LAST BIRTHDAY 43	15	COLOR OR RACE W
			(YEARS)		16 AGE AT LAST BIRTHDAY 33
			(YEARS)		
11	PLACE OF BIRTH Italy		17 PLACE OF BIRTH Boston, Mass.		
	(CITY OR TOWN)		(CITY OR TOWN)		
	(STATE OR COUNTRY)		(STATE OR COUNTRY)		
12	OCCUPATION Farmer		18 OCCUPATION h W		
19	SIGNATURE OF ATTENDANT AT BIRTH		E. F. Regan M.D.		
	(NAME)		(PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No.	54 Proctor		Framingham		
	STREET		(CITY OR TOWN)		
DATE	1/10/32		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
	(MONTH)	(DAY)	(YEAR)		
20	RECEIVED 1/12/32		21 RECEIVED Jan 30 '32		
	(MONTH)	(DAY)	(YEAR)	(MONTH)	(DAY) (YEAR)
33			67		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

WORCESTER

(COUNTY)

WORCESTER

(CITY OR TOWN)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

WORCESTER

(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH

NO. Memorial Hosp STREET WARD { (If birth occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME OF CHILD Stuart R Brown

3 Sex M 4 (a) Twin, triplet or other 5 Born ALIVE or STILLBORN alive 6 Date Jan 11 1932
3a Color W If plural Births (b) Number, in order of birth of Birth (MONTH) (DAY) (YEAR)

7 FATHER
FULL NAME
Richard R Brown

13 MOTHER
MAIDEN NAME Martha J Loudon
PRESENT NAME Martha J Brown

8 RESIDENCE, No. Northboro Rd STREET
CITY OR TOWN Southboro STATE Mass

14 RESIDENCE, No. Northboro Rd STREET
CITY OR TOWN Southboro STATE Mass

9 COLOR OR RACE White 10 AGE AT LAST BIRTHDAY 22 (YEARS)

15 COLOR OR RACE White 16 AGE AT LAST BIRTHDAY 17 (YEARS)

11 PLACE OF BIRTH Haverhill
(CITY OR TOWN) (STATE OR COUNTRY)

17 PLACE OF BIRTH Worcester
(CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION Farmer

18 OCCUPATION Housewife

19 SIGNATURE OF ATTENDANT AT BIRTH Geo H Stone M D Supt (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. Memorial Hosp STREET Worcester
(CITY OR TOWN)

DATE (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? No

20 RECEIVED Jan 14 1932
(MONTH) (DAY) (YEAR)

21 RECEIVED (MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH		MIDDLESEX (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
1		MARLBOROUGH (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Marlboro Hospital		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD		Salmon					
3 Sex male	4 (a) Twin, triplet or other If plural Births	5 Born ALIVE or STILLBORN stillborn		6 Date of Birth		Jan. 14 1932 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Francis J. Salmon				13 MOTHER MAIDEN NAME Rose Austel PRESENT NAME Salmon			
8 RESIDENCE, No. Cross St. CITY OR TOWN Southborough STATE Mass				14 RESIDENCE, No. Cross CITY OR TOWN Southborough STATE Mass			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 39 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 38 (YEARS)	
11 PLACE OF BIRTH Southborough Mass (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Switzerland (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Mechanic				18 OCCUPATION at home			
19 SIGNATURE OF ATTENDANT AT BIRTH C.H. Merrill (NAME)				Marlborough (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. Mechanic				STREET (CITY OR TOWN)			
DATE Jan. 15 1932 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED March 7 1932 35 (MONTH) (DAY) (YEAR)				21 RECEIVED Mar 21 32 (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

1		PLACE OF BIRTH		MIDDLESEX (COUNTY)		MARLBOROUGH (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
				MARLBOROUGH (CITY OR TOWN)		Marlborough Hospital		COPY OF CERTIFICATE OF BIRTH		Registered No.	
2		FULL NAME OF CHILD		Jeanette Alice Bouvier				STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3		Sex		female		4		(a) Twin, triplet or other		5 Born ALIVE or STILLBORN	
3a		Color		W		If plural Births		(b) Number, in order of birth		alive	
6		Date of Birth		Jan. 17 1932							
				(MONTH)		(DAY)		(YEAR)			
7		FATHER		FULL NAME		Edward A. Bouvier		13		MOTHER	
								MAIDEN NAME		Jeanne S. Grenon	
								PRESENT NAME		Bouvier	
8		RESIDENCE, No.		Lyman		STREET		14		RESIDENCE, No.	
				CITY OR TOWN		Southborough		STATE		Mass.	
9		COLOR OR RACE		W		10		AGE AT LAST BIRTHDAY		30	
								(YEARS)			
11		PLACE OF BIRTH		Concord		Mass		15		COLOR OR RACE	
				(CITY OR TOWN)		(STATE OR COUNTRY)		W		16	
								AGE AT LAST BIRTHDAY		31	
								(YEARS)			
12		OCCUPATION		Engineer		17		PLACE OF BIRTH		Marlborough	
								(CITY OR TOWN)		Mass	
								(STATE OR COUNTRY)			
13		SIGNATURE OF ATTENDANT AT BIRTH		C.H. Merrill		18		OCCUPATION		at home	
				(NAME)							
14		ADDRESS No.		Mechanic		15		SIGNATURE OF ATTENDANT AT BIRTH		C.H. Merrill	
								(NAME)		(PHYSICIAN, PARENT OR OTHER, ETC.)	
16		DATE		Jan. 18 1932		17		ADDRESS No.		Marlborough	
				(MONTH)		(DAY)		(YEAR)		(CITY OR TOWN)	
										yes	
20		RECEIVED		March 7 1932		21		RECEIVED		March 21 1932	
				(MONTH)		(DAY)		(YEAR)		(MONTH)	
										(DAY)	
										(YEAR)	
				REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED						REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE	

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-'31. No. 3385-c

1 PLACE OF BIRTH		SUFFOLK (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (CITY OR TOWN MAKING THIS RETURN)	
1		BOSTON (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No. 1628	
NO.		Boston Lying In Hosp		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Ashby Carmichael Saunders							
3 Sex	m	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	Feb 6	1932
3a Color	W	(b) Number, in order of birth		"	(MONTH)	(DAY)	(YEAR)
7 FATHER FULL NAME Charles B				13 MOTHER MAIDEN NAME Lucy Carmichael			
8 RESIDENCE, No. St Marks School				14 RESIDENCE, No.			
CITY OR TOWN Southboro STATE				CITY OR TOWN STATE			
9 COLOR OR RACE	W	10 AGE AT LAST BIRTHDAY	40 (YEARS)	15 COLOR OR RACE	W	16 AGE AT LAST BIRTHDAY	34 (YEARS)
11 PLACE OF BIRTH Greece (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Fredericksburg Va (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION school master				18 OCCUPATION housewife			
19 SIGNATURE OF ATTENDANT AT BIRTH F S Newell (NAME)				BOSTON (PHYSICIAN, PARENT OR OTHER PERSON)			
ADDRESS No. 443 Beacon				STREET (CITY OR TOWN)			
DATE Feb 6 1932 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 37 (MONTH) 10 (DAY) 1932 (YEAR) James J. Mulvey REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				21 RECEIVED April 27-1932 (MONTH) (DAY) (YEAR) Ch. Saunders REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Town of Southboro.

Fill out with ink.

All names to be in full.

Date of Birth	Feb. 7, 1932.	
Full Name of Child . .	Pessini.	
Sex, Color, and if Twin	Female.	
Place of Birth	Turnpike Rd. Fayville.	Ward.....
	Street and Number, if any	
Full Name of Father . .	Pessini, Leo.	25 Age
Maiden Name of Mother	Goff, Florence	25 Age.....
Residence of Parents . .	Turnpike Rd.	Ward.....
	Street and Number, if any	
Occupation of Father . .	Farmer-Laborer.	
Occupation of Mother . .	Home.	
Birthplace of Father . .	Fayville, Mass.	
Birthplace of Mother . .	Norton, Mass.	

Dated at Marlborough Feb. 7, 1932. 192

38
Signature of person making
return or in attendance
at birth

Edgar H. Murrie
Marlboro Mass

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-30. No. 605-e

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Hilding Conrad Johnson				COPY OF CERTIFICATE OF BIRTH		Registered No.	
3 Sex <u>M</u>	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth	Feb. 28, 1932 (MONTH) (DAY) (YEAR)		
3a Color <u>W</u>	(b) Number, in order of birth						
7 FATHER FULL NAME Hilding Johnson				13 MOTHER MAIDEN NAME Tekla Billsten PRESENT NAME Johnson			
8 RESIDENCE, No. <u>Worcester rd.</u> STREET CITY OR TOWN <u>Southboro</u> STATE				14 RESIDENCE, No. <u>Worcester</u> STREET CITY OR TOWN <u>Southboro</u> STATE			
9 COLOR <u>W</u> OR RACE		10 AGE AT LAST BIRTHDAY <u>25</u> (YEARS)		15 COLOR <u>W</u> OR RACE		16 AGE AT LAST BIRTHDAY <u>25</u> (YEARS)	
11 PLACE OF BIRTH <u>Sweden</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>Sweden</u> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <u>Farmer</u>				18 OCCUPATION <u>h</u> <u>w</u>			
19 SIGNATURE OF ATTENDANT AT BIRTH <u>E. F. Regan M.D.</u> (NAME)				(PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. <u>54 Proctor</u>				STREET <u>Framingham</u> (CITY OR TOWN)			
DATE <u>2/29/32</u> (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>			
20 RECEIVED <u>3/2/32</u> (MONTH) (DAY) (YEAR) <u>Wm. J. Walsh</u>				21 RECEIVED <u>July 1</u> (MONTH) (DAY) (YEAR) <u>32</u>			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

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100m-9-31. No. 3385-c

1 PLACE OF BIRTH		SUFFOLK (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (CITY OR TOWN MAKING THIS RETURN)	
1 BOSTON (CITY OR TOWN)		BOSTON (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		3515 Registered No.	
NO. N E Hosp		STREET		WARD		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Charles Franklin Hayes 3rd							
3 Sex m		4 (a) Twin, triplet or other		5 Born ALIVE or STILLBORN		6 Date of Birth Mar 6 1932	
3a Color W		(b) Number, in order of birth		"		(MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Charles F Jr				13 MOTHER MAIDEN NAME Sally F Thurston			
8 RESIDENCE, No. Lyman STREET				14 RESIDENCE, No. STREET			
CITY OR TOWN Southborough STATE				CITY OR TOWN STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 37 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 33 (YEARS)	
11 PLACE OF BIRTH Quebec Can (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Melrose (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Asst sec'y & ass't trust officer				18 OCCUPATION housewife			
19 SIGNATURE OF ATTENDANT AT BIRTH N R Mason (NAME)				PHYSICIAN, James J. Mulvey			
ADDRESS No. 483 Beacon STREET BOSTON (CITY OR TOWN)							
DATE Mar 6 (MONTH) (DAY)		1932 (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?			
20 RECEIVED 40 James J. Mulvey (MONTH) (DAY) (YEAR)				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

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100M-11-29. No. 7182-1

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN) Marlboro Hospital NO. _____ STREET _____ WARD _____		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH Registered No. _____		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Eleanor Alice Barry					
3 Sex 3a Female 4 Color W		4 (a) Twin, triplet or other (b) Number, in order of birth		5 Born ALIVE or STILLBORN alive	
				6 Date of Birth March 26 1932 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Batiste Barry			13 MOTHER MAIDEN NAME Mary Dellavella PRESENT NAME Barry		
8 RESIDENCE, No. Cherry St. Fayville Mass CITY OR TOWN. STATE.			14 RESIDENCE, No. Cherry St. Fayville Mass CITY OR TOWN. STATE.		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 51		15 COLOR OR RACE W	
		(YEARS)		16 AGE AT LAST BIRTHDAY 40	
11 PLACE OF BIRTH (CITY OR TOWN)		Italy (STATE OR COUNTRY)		17 PLACE OF BIRTH (CITY OR TOWN)	
				Italy (STATE OR COUNTRY)	
12 OCCUPATION Laborer			18 OCCUPATION at home		
19 SIGNATURE OF ATTENDANT AT BIRTH C.H. Merrill Mechanic St. ADDRESS No. _____ STREET _____ DATE March 27 1932 (MONTH) (DAY) (YEAR)			Phys Marlborough (PHYSICIAN, PARENT OR OTHER, ETC.) (CITY OR TOWN)		
20 RECEIVED 42 May 18 1932 (MONTH) (DAY) (YEAR)			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED J. B. Murphy			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Town of

TOWN CLERK'S OFFICE.

In order that the records of births in this office may be complete, please give below the name of the child born in your family during the year.....1934

Child's name in full Eleanor Alice Berrin

Date of birth March 26 - 1934

Father's name Burtis Berrin

Mother's maiden name Marie Delavalle

Signature of parent

born in Marlboro Hospital

A correct record of birth may be of great importance in after years. Please attend to this request now.

41

Respectfully yours,

.....Town Clerk.

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100m-9-31. No. 3385-c

1 PLACE OF BIRTH		SUFFOLK (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD		BOSTON (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		4076 Registered No.	
3 Sex f		4 (a) Twin, triplet or other		5 Born ALIVE or STILLBORN		6 Date of Birth	
3a Color W		(b) Number, in order of birth		"		Mar 30 1932 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Walter E Jr				13 MOTHER MAIDEN NAME Mildred Erickson			
8 RESIDENCE, No. Newton				14 RESIDENCE, No.			
CITY OR TOWN Southboro STATE				CITY OR TOWN STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 25 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 24 (YEARS)	
11 PLACE OF BIRTH Marlboro (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Marlboro (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION chauffeur				18 OCCUPATION housewife			
19 SIGNATURE OF ATTENDANT AT BIRTH D J Bristol Jr (NAME)				PHYSICIAN, ABSENT OR OTHER, ETC.			
ADDRESS No. 355 Marlboro				STREET BOSTON (CITY OR TOWN)			
DATE Mar 30 1932 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 31 1932 (MONTH) (DAY) (YEAR)				21 RECEIVED (MONTH) (DAY) (YEAR)			
James J. Mulvey REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

THE COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A BIRTH

TO THE CLERK OF THE ~~CITY OF MARLBOROUGH~~

Town of Southboro

All names to be in full.

Date of Birth

March 31, 1932

Full Name of Child . .

Ruth Gray

Sex, Color, and if Twin

Female, white

Born alive?

yes

Place of Birth

Fayville Mass.

Ward

Street and Number, if any

Full Name of Father . .

Chester C. Gray

Age 38

Maiden Name of Mother

Mary C. Flanders

Age 39

Residence of Parents . .

Fayville, Southboro

Ward

Street and Number, if any

Occupation of Father . .

Newspaper work

Occupation of Mother . .

At Home

Birthplace of Father . .

Cambridge Mass.

Birthplace of Mother . .

Newport N.H.

Dated at Marlborough,

April 1

1932

I did personally attend the birth.

44
Signature of person making
return or in attendance
at birth.

C. W. Smith M.D.

FORM R-6

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.

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100M-11-'29. No. 7182-f

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN) Marlboro Hospital NO. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH Registered No.		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Sbuttoni					
3 Sex male 3a Color W		4 { a) Twin, triplet or other..... (b) Number, in order of birth.....		5 Born ALIVE or STILLBORN alive	
		6 Date of Birth April 8 1932 (MONTH) (DAY) (YEAR)			
7 FATHER FULL NAME Joseph Sbuttoni			13 MOTHER MAIDEN NAME Ruth Mitchell PRESENT NAME Sbuttoni		
8 RESIDENCE, No. 22 Cox St. CITY OR TOWN Hudson STATE Mass			14 RESIDENCE, No. 22 Cox St. CITY OR TOWN Hudson STATE Mass		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 43 (YEARS)		15 COLOR OR RACE W	
				16 AGE AT LAST BIRTHDAY 31 (YEARS)	
11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Southborough Mass (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Fruit dealer			18 OCCUPATION at home		
19 SIGNATURE OF ATTENDANT AT BIRTH I. F. Armstrong (NAME) Main Hudson ADDRESS No. STREET (CITY OR TOWN)			Physician (PHYSICIAN, PARENT OR OTHER, ETC.) Mass (CITY OR TOWN)		
DATE April 9 1932 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes		
20 RECEIVED June 17 1932 (MONTH) (DAY) (YEAR) 45			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF BIRTH

1 PLACE OF BIRTH
SUFFOLK
(COUNTY)
BOSTON
(CITY OR TOWN)
No. Boston L I Hosp

STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD David Andrew Aikens

3 Sex m 4 (a) Twin, triplet or other..... 5 Born ALIVE or STILLBORN " 6 Date of Birth Apr 27 1932
3a Color W If plural Births (b) Number, in order of birth..... (MONTH) (DAY) (YEAR)

7 FATHER
FULL NAME
Andrew J

13 MOTHER
MAIDEN NAME Mary Steinmann
PRESENT NAME

8 RESIDENCE, No. Box 66 STREET
CITY OR TOWN Cordaville Southboro STATE

14 RESIDENCE, No. STREET
CITY OR TOWN STATE

9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 34 (YEARS)

15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 26 (YEARS)

11 PLACE OF BIRTH No. Grafton (CITY OR TOWN) (STATE OR COUNTRY)

17 PLACE OF BIRTH Concord (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION R R signal man

18 OCCUPATION housewife

19 SIGNATURE OF ATTENDANT AT BIRTH H C Sweet

(NAME)

(PHYSICIAN, ~~DR. J. C. BROWN, JR.~~)

ADDRESS No. B L I H

STREET BOSTON

(CITY OR TOWN)

DATE Apr 27 1932
(MONTH) (DAY) (YEAR)

DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?.....

20 RECEIVED May 2 1932
46 (MONTH) (DAY) (YEAR)

21 RECEIVED (MONTH) (DAY) (YEAR)

James J. Mulvey
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

1 PLACE OF BIRTH		MIDDLESEX (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
1		Marlborough (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Marlboro Hospital		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Pauling Virginia Lois.							
3 Sex female		4 { (a) Twin, triplet or other If plural Births (b) Number, in order of birth		5 Born ALIVE or STILLBORN alive		6 Date of Birth May 13 1932 (MONTH) (DAY) (YEAR)	
7 FULL NAME FATHER Norman W. Pauling				13 MAIDEN NAME MOTHER Mary W. Swett PRESENT NAME Pauling			
8 RESIDENCE, No. Southborough Mass STREET CITY OR TOWN STATE				14 RESIDENCE, No. STREET CITY OR TOWN Southborough Mass. STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 29 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 27 (YEARS)	
11 PLACE OF BIRTH New York N.Y. (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Boothby Me (CITY OR TOWN) (STATE OR COUNTRY)		18 OCCUPATION at home			
12 OCCUPATION Farmer							
19 SIGNATURE OF ATTENDANT AT BIRTH C.W. Smith (NAME)				Physician (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. West Main St. STREET (CITY OR TOWN)				Marlborough (CITY OR TOWN)			
DATE May 17 1932 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED May 19 1932 (MONTH) (DAY) (YEAR)				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the birth occurred as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 11, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH		MIDDLESEX (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
1		MARLBOROUGH (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Marlboro Hospital		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Carol Mae Wentworth							
3 Sex female		4 { (a) Twin, triplet or other If plural Births (b) Number, in order of birth		5 Born ALIVE or STILLBORN alive		6 Date of Birth May 17 1932 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME William E. Wentworth				13 MOTHER MAIDEN NAME Gladys Miller PRESENT NAME Wentworth			
8 RESIDENCE, No. Marlboro Rd Southborough Mass CITY OR TOWN STATE				14 RESIDENCE, No. Marlboro Rd Southborough Mass CITY OR TOWN STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 48 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 33 (YEARS)	
11 PLACE OF BIRTH Webster Mass (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Fayville Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Store keeper				18 OCCUPATION at home			
19 SIGNATURE OF ATTENDANT AT BIRTH C.H. Merrill (NAME)				Physician (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. Mechanic				STREET Marlborough (CITY OR TOWN)			
DATE May 18 1932 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED June 17 1932 (MONTH) (DAY) (YEAR)				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

FORM R-6

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-'30. No. 605-e

1 PLACE OF BIRTH		Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
1		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Framingham Union Hosp.		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Barbara Ann Granger							
3 Sex fe		4 If plural Births		5 Born ALIVE or STILLBORN		6 Date of Birth	
3a Color W		(a) Twin, triplet or other		alive		May 21, 1932 (MONTH) (DAY) (YEAR)	
(b) Number, in order of birth							
7 FATHER FULL NAME Clifton B. Granger				13 MOTHER MAIDEN NAME Dorothy J. Moore PRESENT NAME Granger			
8 RESIDENCE, No. STREET				14 RESIDENCE, No. STREET			
CITY OR TOWN Southboro STATE				CITY OR TOWN Southboro STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 20 (YEARS)		15 COLOR OR RACE		16 AGE AT LAST BIRTHDAY 19 (YEARS)	
11 PLACE OF BIRTH Sherborn, Mass. (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Norah Adams, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Auto mechanic				18 OCCUPATION hw			
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)							
ADDRESS No. 198 Union Ave. STREET Framingham (CITY OR TOWN)							
DATE 5/23/32 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 5/25/32 49 W. S. A. Walsh (MONTH) (DAY) (YEAR)				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH
Town of Southboro, Mass.

Fill out with ink.

All names to be in full.

Date of Birth	May 24, 1932.	
Full Name of Child . . .	TOMASETTI.	
Sex, Color, and if Twin	Female.	
Place of Birth	Southville Road.	Ward.....
	Street and Number, if any	
Full Name of Father . . .	Tomasetti, Gino	35 Age.....
Maiden Name of Mother	Bagaio, Stella	31 Age.....
Residence of Parents . .	Southville Road.	Ward.....
	Street and Number, if any	
Occupation of Father . . .	Laborer.	
Occupation of Mother . .	Home	
Birthplace of Father . . .	Italy	
Birthplace of Mother . . .	"	

Dated at Marlborough May 25, 1932

50
Signature of person making
return or in attendance
at birth.

Edgar H. Merrill wd.
Marlboro Mass

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH
Middlesex
(COUNTY)
Framingham
(CITY OR TOWN)

NO. Framingham Union Hosp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Smith

3 Sex fe 4 (a) Twin, triplet or other..... 5 Born ALIVE or STILLBORN 6 Date May 30, 1932
3a Color W If plural Births (b) Number, in order of birth..... alive (MONTH) (DAY) (YEAR)

7 FATHER
FULL NAME
David H. Smith

13 MOTHER
MAIDEN NAME H. Virginia Whiting
PRESENT NAME Smith

8 RESIDENCE, No. STREET

14 RESIDENCE, No. STREET

CITY OR TOWN Southboro STATE

CITY OR TOWN Southboro STATE

9 COLOR W 10 AGE AT LAST BIRTHDAY 32 (YEARS)

15 COLOR W 16 AGE AT LAST BIRTHDAY 32 (YEARS)

11 PLACE OF BIRTH Worcester, Mass.
(CITY OR TOWN) (STATE OR COUNTRY)

17 PLACE OF BIRTH Worcester, Mass.
(CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION Teacher

18 OCCUPATION hw

19 SIGNATURE OF ATTENDANT AT BIRTH J. Lowell Bacon M.D.
(NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. STREET Southboro (CITY OR TOWN)

DATE (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes

20 RECEIVED 6/1/32
(MONTH) (DAY) (YEAR)
51 W. S. Walsh

21 RECEIVED
(MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-30. No. 605-a

1 PLACE OF BIRTH Middlesex (COUNTY) Cambridge (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Cambridge (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Samuel Parkman				COPY OF CERTIFICATE OF BIRTH		Registered No. 1027	
3 Sex <u>M</u> 3a Color <u>W</u>		4 (a) Twin, triplet or other If plural Births (b) Number, in order of birth		5 Born ALIVE or STILLBORN alive		6 Date of Birth May 31, 1932 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Francis Parkman				13 MOTHER MAIDEN NAME Eleanor M. Bremer PRESENT NAME Eleanor M. Parkman			
8 RESIDENCE, NO. St Mark's School CITY OR TOWN Southboro STATE Mass				14 RESIDENCE, NO. St Mark's School CITY OR TOWN Southboro STATE Mass			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 33 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 31 (YEARS)	
11 PLACE OF BIRTH Boston, Mass. (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Brookline, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Education				18 OCCUPATION Housewife			
19 SIGNATURE OF ATTENDANT AT BIRTH James L. Huntington (NAME)				Physician (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS NO. STREET (CITY OR TOWN)				DATE June 1, 1932 (MONTH) (DAY) (YEAR)			
20 RECEIVED June 1, 1932 (MONTH) (DAY) (YEAR) 52 Frederick H. Burke REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				21 RECEIVED November 3 - 1932 (MONTH) (DAY) (YEAR) G. L. S. [Signature] REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-30. No. 605-e

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD				Registered No.	
2 FULL NAME OF CHILD John Edward Boland					
3 Sex m	4 If plural Births	(a) Twin, triplet or other.	5 Born ALIVE or STILLBORN	6 Date June 3, 1932	
3a Color W	(b) Number, in order of birth		alive	Date of Birth (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Thomas J. Boland			13 MOTHER MAIDEN NAME Ann J. Conway PRESENT NAME Boland		
8 RESIDENCE, No. E/ Main STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. E. Main STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 31 (YEARS)		15 COLOR OR RACE W	
11 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY 27 (YEARS)		17 PLACE OF BIRTH Framingham, Mass. (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION Supt. water works			18 OCCUPATION hw		
19 SIGNATURE OF ATTENDANT AT BIRTH D.W. Heffernan M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)			ADDRESS No. STREET Framingham (CITY OR TOWN)		
DATE 6/4/32 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 53 6/6/32 (MONTH) (DAY) (YEAR) Wm. L. Walsh			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred (See Ch. 47B, Sec. 14, G. L.). If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-729, No. 7182-f

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN) Marlboro Hospital		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN) Registered No.	
2 FULL NAME OF CHILD Jane Ann Flynn		STREET Flynn		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3 Sex female	4 (a) Twin, triplet or other If plural Births	5 Born ALIVE or STILLBORN alive	6 Date June 17 1932 (MONTH) (DAY) (YEAR)		
3a Color W	(b) Number, in order of birth				
7 FATHER FULL NAME William Flynn			18 MOTHER MAIDEN NAME Rita Hollis PRESENT NAME Flynn		
8 RESIDENCE, No. Newton CITY OR TOWN. Southborough STATE mass			14 RESIDENCE, No. Newton CITY OR TOWN. Southborough STATE mass		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 34 (YEARS)	15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 34 (YEARS)			
11 PLACE OF BIRTH Framingham Mass (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Mansfield Mass (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Chauffeur			18 OCCUPATION at home		
19 SIGNATURE OF ATTENDANT AT BIRTH J. Lowell Bacon (NAME)			Phys (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No.			STREET Southborough (CITY OR TOWN)		
DATE June 17 1932 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 56 July 16 1932 (MONTH) (DAY) (YEAR)			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Town of Southborough.

TOWN CLERK'S OFFICE.

In order that the records of births in this office may be complete, please give below the name of the child born in your family during the year 1932

Child's name in full Jane Ann Flynn

Date of birth June 17, 1932

Father's name Wm R.

Mother's maiden name Rita E. Hallis

Signature of parent

William R. Flynn

A correct record of birth may be of great importance in after years. Please attend to this request now.

55

Respectfully yours,

Mayor F. McDonald Town Clerk.

THE COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF ~~MARLBOROUGH~~

All names to be in full.

Town of Southboro

Date of Birth

June 21, 1932

Full Name of Child . .

Kenneth Allen Miner

Sex, Color, and if Twin

Male, white,

Born alive?

yes

Place of Birth

Northboro Rd. Southboro

Ward

Street and Number, if any

Full Name of Father . .

Reginald Miner

Age 28

Maiden Name of Mother

Rosa D. Madreau

Age 23

Residence of Parents . .

Northboro Rd. Southboro

Ward

Street and Number, if any

Occupation of Father . .

Farmer

Occupation of Mother . .

At home

Birthplace of Father . .

Gulfport Vermont

Birthplace of Mother . .

Hardwick Mass.

Dated at Marlborough,

June 25,

1932

I did personally attend the birth.

57

Signature of person making
return or in attendance
at birth.

C. W. Smith M.D.

Framingham

(CITY OR TOWN MAKING THIS RETURN)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH
Middlesex
(COUNTY)
Framingham
(CITY OR TOWN)

NO. Framingham Union Hosp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Beverly Jean Ward

3 Sex fe 4 (a) Twin, triplet or other. 5 Born ALIVE or STILLBORN 6 Date June 25, 1932
3a Color W If plural Births (b) Number, in order of birth. alive of Birth (MONTH) (DAY) (YEAR)

7 FATHER
FULL NAME
Ellwood W. Ward

13 MOTHER
MAIDEN NAME Edith McMaster
PRESENT NAME Ward

8 RESIDENCE, No. STREET
CITY OR TOWN Southboro STATE

14 RESIDENCE, No. STREET
CITY OR TOWN Southboro STATE

9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 27 (YEARS)

15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 25 (YEARS)

11 PLACE OF BIRTH Boston, Mass.
(CITY OR TOWN) (STATE OR COUNTRY)

17 PLACE OF BIRTH Southboro, Mass.
(CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION Civil engineer

18 OCCUPATION h w

19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam M.D.
(NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. STREET Framingham
(CITY OR TOWN)

DATE (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes

20 RECEIVED 6/30/32
(MONTH) (DAY) (YEAR)
W. M. Walsh

21 RECEIVED
(MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH		SUFFOLK (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (CITY OR TOWN MAKING THIS RETURN)	
1 BOSTON (CITY OR TOWN)		BOSTON L I Hosp		COPY OF CERTIFICATE OF BIRTH		9898 Registered No.	
NO.		STREET		WARD		{ (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD				Natalie Crowell			
3 Sex f		4 (a) Twin, triplet or other		5 Born ALIVE or STILLBORN		6 Date	
3a Color W		If plural Births (b) Number, in order of birth		"		Date of Birth Jul 23 1932	
						(MONTH) (DAY) (YEAR)	
7 FULL NAME		FATHER		13 MAIDEN NAME		MOTHER	
Herman E				Sarah E		McDonald	
8 RESIDENCE, No.		OAK		14 RESIDENCE, No.		Middle Rd	
CITY OR TOWN		Cornwall N Y		CITY OR TOWN		Southboro	
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY	
		33 (YEARS)				23 (YEARS)	
11 PLACE OF BIRTH		N S		17 PLACE OF BIRTH		Southboro	
(CITY OR TOWN)		(STATE OR COUNTRY)		(CITY OR TOWN)		(STATE OR COUNTRY)	
12 OCCUPATION		foreman		18 OCCUPATION		housewife	
19 SIGNATURE OF ATTENDANT AT BIRTH		A Moulton		483 Beacon		BOSTON	
ADDRESS No.		STREET		CITY OR TOWN		(PHYSICIAN, Dr. J. J. Moulton)	
DATE		Jul 23		1932		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH yes	
(MONTH)		(DAY)		(YEAR)			
20 RECEIVED		Aug 2		21 RECEIVED			
59 (MONTH)		(DAY)		(MONTH)		(DAY)	
1932 (YEAR)				(YEAR)			
James J. Moulton REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

1	PLACE OF BIRTH	MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN) Marlboro Hospital	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH	MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
		NO.		STREET	WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME OF CHILD Ivis					
3 Sex female	4 (a) Twin, triplet or other If plural Births (b) Number, in order of birth	5 Born ALIVE or STILLBORN alive	6 Date of Birth	August 19 1932 (MONTH) (DAY) (YEAR)	
7 FULL NAME Michael Ivis	FATHER		13 MAIDEN NAME Gladys E. Wolfkiel	MOTHER	
8 RESIDENCE, No. Cordaville Southborough Mass.	CITY OR TOWN. STATE		14 RESIDENCE, No. Cordaville Southborough Mass	CITY OR TOWN. STATE	
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 30 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 29 (YEARS)	17 PLACE OF BIRTH Jersey City N.J. (CITY OR TOWN) (STATE OR COUNTRY)	
11 PLACE OF BIRTH Ireland (CITY OR TOWN) (STATE OR COUNTRY)	12 OCCUPATION laborer		18 OCCUPATION at home		
19 SIGNATURE OF ATTENDANT AT BIRTH C.W. Smith (NAME)	Phys (PHYSICIAN, PARENT OR OTHER, ETC.)				
ADDRESS No.		STREET Marlborough (CITY OR TOWN)			
DATE Aug 29 1932 (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED Aug 30 1932 (MONTH) (DAY) (YEAR)	21 RECEIVED (MONTH) (DAY) (YEAR)				
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred (See Chap. 46, Sec. 14, G. L.). If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-729, No. 7182-f

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN) Marlboro Hospital NO. _____ STREET _____ WARD _____		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH Registered No. _____	
2 FULL NAME OF CHILD John Thomas Donahue			
3 Sex male 3a Color W	4 If plural Births (a) Twin, triplet or other _____ (b) Number, in order of birth _____	5 Born ALIVE or STILLBORN alive	6 Date of Birth Sept 18 1932 (MONTH) (DAY) (YEAR)
7 FATHER FULL NAME James E. Donahue		13 MOTHER MAIDEN NAME Helen M. Butler PRESENT NAME Donahue	
8 RESIDENCE, No. Boston Rd. CITY OR TOWN Southborough STATE Mass		14 RESIDENCE, No. Boston Rd. CITY OR TOWN Southborough STATE Mass	
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 32 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 27 (YEARS)
11 PLACE OF BIRTH Brockton Mass (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Roxbury Mass (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION Telephone worker		18 OCCUPATION at home	
19 SIGNATURE OF ATTENDANT AT BIRTH C. H. Merrill (NAME)		Phys Marlborough (PHYSICIAN, PARENT OR OTHER, ETC.)	
ADDRESS No. _____ STREET _____		(CITY OR TOWN)	
DATE Sept 19 1932 (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes	
20 RECEIVED Nov 22 1932 (MONTH) (DAY) (YEAR) 62		21 RECEIVED (MONTH) (DAY) (YEAR)	
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE	

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-30. No. 605-e

1 PLACE OF BIRTH Middlesex (COUNTY) Frammingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Frammingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Frammingham Union Hospital STREET WARD				Registered No.	
2 FULL NAME OF CHILD William Hamilton Metcalf					
3 Sex m		4 If plural Births (a) Twin, triplet or other.....		5 Born ALIVE or STILLBORN	
3a Color W		(b) Number, in order of birth.....		6 Date of Birth Sept. 26, 1932 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Robert J. Metcalf			13 MOTHER MAIDEN NAME Alta Tucker PRESENT NAME Metcalf		
8 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 41 (YEARS)		15 COLOR OR RACE W	
11 PLACE OF BIRTH Ireland (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY 30 (YEARS)		17 PLACE OF BIRTH Conn. (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION Barber			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)			ADDRESS No. STREET Frammingham (CITY OR TOWN)		
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 9/27/32 61 W. S. Walsh (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED November 4 32 O. E. ... (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

MIDDLESEX

MARLBOROUGH

(CITY OR TOWN)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH

No. Marlboro Hospital STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Marjorie Jean Guthreau

3 Sex Female 4 If plural Births (a) Twin, triplet or other 5 Born ALIVE or STILLBORN 6 Date of Birth Oct 10 1930
3a Color W (b) Number, in order of birth (MONTH) (DAY) (YEAR)

7 FATHER
FULL NAME Henry Guthreau13 MOTHER
MAIDEN NAME Lottie Tremblay
PRESENT NAME Guthreau8 RESIDENCE, No. STREET
CITY OR TOWN Southborough STATE Mass14 RESIDENCE, No. STREET
CITY OR TOWN Southborough STATE Mass9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 42 (YEARS)15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 30 (YEARS)11 PLACE OF BIRTH Nova Scotia
(CITY OR TOWN) (STATE OR COUNTRY)17 PLACE OF BIRTH Nova Scotia
(CITY OR TOWN) (STATE OR COUNTRY)12 OCCUPATION Laborer18 OCCUPATION At home19 SIGNATURE OF ATTENDANT AT BIRTH O.G. Duhamel
(NAME)

(PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. Lincoln STREET Marlborough
(CITY OR TOWN)DATE Oct 12 1930 DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes
(MONTH) (DAY) (YEAR)20 RECEIVED Jan 7 1931
(MONTH) (DAY) (YEAR)21 RECEIVED
(MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your case contains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-'29, No. 7182-f

FORM R-6

1 PLACE OF BIRTH Middlesex (COUNTY) Marlborough (CITY OR TOWN) No. Marlborough Hospital STREET WARD		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH Registered No.	
2 FULL NAME OF CHILD Charles Michael Gould			
3 Sex m	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth Oct 11 1932 (MONTH) (DAY) (YEAR)
3a Color w	If plural Births (b) Number, in order of birth		
7 FATHER FULL NAME Raymond Gould RESIDENCE, No. Main STREET CITY OR TOWN Southboro STATE		13 MOTHER MAIDEN NAME Catherine Yirmian PRESENT NAME Gould RESIDENCE, No. Main STREET CITY OR TOWN Southboro STATE Mass	
9 COLOR OR RACE w	10 AGE AT LAST BIRTHDAY 26 (YEARS)	15 COLOR OR RACE w	16 AGE AT LAST BIRTHDAY 19 (YEARS)
11 PLACE OF BIRTH Canada (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Southboro Mass (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION Lee man		18 OCCUPATION at home	
19 SIGNATURE OF ATTENDANT AT BIRTH C H Merrill (NAME)		(PHYSICIAN, PARENT OR OTHER, ETC.)	
ADDRESS No. 103 Mechanic's STREET		Marlboro (CITY OR TOWN)	
DATE Oct 12 1932 (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes	
20 RECEIVED Dec 24 1932 (MONTH) (DAY) (YEAR) 64 F B Murphy		21 RECEIVED (MONTH) (DAY) (YEAR)	
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE	



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham
(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH
Middlesex (COUNTY)
Framingham (CITY OR TOWN)
NO. Framingham Union Hosp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Anna Marie Baveri

3 Sex fe 4 (a) Twin, triplet or other. 5 Born ALIVE or STILLBORN 6 Date
3a Color w If plural Births (b) Number, in order of birth. alive of Birth October 24, 1932
(MONTH) (DAY) (YEAR)

7 FATHER FULL NAME Joseph F. Baveri	13 MOTHER MAIDEN NAME Edith M. Ramstrom PRESENT NAME Baveri
8 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE	14 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE
9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 27 (YEARS)	15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 25 (YEARS)
11 PLACE OF BIRTH Southboro (CITY OR TOWN) (STATE OR COUNTRY)	17 PLACE OF BIRTH Framingham (CITY OR TOWN) (STATE OR COUNTRY)
12 OCCUPATION Laborer	18 OCCUPATION h w

19 SIGNATURE OF ATTENDANT AT BIRTH J. Lowell Bacon M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)
ADDRESS No. STREET Southboro (CITY OR TOWN)
DATE (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes

20 RECEIVED 10/28/32 (MONTH) (DAY) (YEAR)
65 Wm. L. Walsh
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

21 RECEIVED (MONTH) (DAY) (YEAR)
REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-'29. No. 7182-f

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN) Marlboro Hospital NO. _____ STREET _____ WARD _____		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH Registered No. _____		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Thomas Francis McCarthy					
3 Sex male 4a Color W	4 (a) Twin, triplet or other If plural Births	5 Born ALIVE or STILLBORN ✓/✓/✓/	6 Date of Birth Nov 27 1932 (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME Thomas A. McCarthy			13 MOTHER MAIDEN NAME Ann E. Mattioli PRESENT NAME McCarthy		
8 RESIDENCE, No. Newton CITY OR TOWN Southborough STATE Mass			14 RESIDENCE, No. Newton CITY OR TOWN Southborough STATE Mass.		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 32 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 31 (YEARS)		
11 PLACE OF BIRTH Marlborough Mass (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Southborough Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Mason			18 OCCUPATION at home		
19 SIGNATURE OF ATTENDANT AT BIRTH J. Lowell Bacon (NAME)			Phys. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. _____			STREET Southborough Mass. (CITY OR TOWN)		
DATE Nov 28 1932 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED Dec 24 1932 66 (MONTH) (DAY) (YEAR) J. B. Murphy			21 RECEIVED _____ (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

THE COMMONWEALTH OF MASSACHUSETTS

~~CITY OF MARLBOROUGH~~
 Town of Southboro, Mass. (See Deposition #1)
 RETURN OF A BIRTH

TO THE CLERK OF THE ~~CITY OF MARLBOROUGH~~

Fill out with ink.

All names to be in full.

Date of Birth	December 3, 1932.	
Full Name of Child	Minnucci.	
Sex, Color, and if Twin	Male.	
Place of Birth	Grove St.	Ward.....
	Street and Number, if any	
Full Name of Father	Minnucci, James.	50 Age.....
Maiden Name of Mother	Giove, Antonette.	36 Age.....
Residence of Parents	Grove St.	Ward.....
	Street and Number, if any	
Occupation of Father	Laborer.	
Occupation of Mother	Home.	
Birthplace of Father	Italy.	
Birthplace of Mother	"	

Dated at Marlborough December 4, 1932. 192

 67
 Signature of person making
 return or in attendance
 at birth.

C. N. Merrill

MIDDLESEX

(COUNTY)
MARLBOROUGH

(CITY OR TOWN)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH

NO. Marlborough Hospital STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Duane Lewis Harter3 Sex Male 4 If plural Births (a) Twin, triplet or other 5 Born ALIVE or STILLBORN 6 Date of Birth Dec 5 1930
3a Color W (b) Number, in order of birth (MONTH) (DAY) (YEAR)7 FATHER FULL NAME Ralph W. Harter 13 MOTHER MAIDEN NAME Laverne E. McBratney
PRESENT NAME Harter8 RESIDENCE, No. Chestnut Hill Rd STREET
CITY OR TOWN Southborough STATE Mass 14 RESIDENCE, No. Chestnut Hill Rd STREET
CITY OR TOWN Southborough STATE Mass9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 32 (YEARS) 15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 32 (YEARS)11 PLACE OF BIRTH Kansas (CITY OR TOWN) (STATE OR COUNTRY) 17 PLACE OF BIRTH Centrolia Kansas (CITY OR TOWN) (STATE OR COUNTRY)12 OCCUPATION Farmer 18 OCCUPATION At Home19 SIGNATURE OF ATTENDANT AT BIRTH C.H. Merrill (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.) ADDRESS No. Mechanic STREET Marlborough (CITY OR TOWN)DATE Dec 6 1930 (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes20 RECEIVED Jan 5 1931 (MONTH) (DAY) (YEAR) 21 RECEIVED (MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-30. No. 605-e

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Phillip Anthony Christopher Ketchum				COPY OF CERTIFICATE OF BIRTH		Registered No.	
3 Sex <u>m</u> 3a Color <u>W</u>	4 If plural Births (a) Twin, triplet or other (b) Number, in order of birth	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth <u>December 17, 1932</u> (MONTH) (DAY) (YEAR)				
7 FATHER FULL NAME <u>Philip Ketchum</u>		18 MOTHER MAIDEN NAME <u>Ottillie Ormsby</u> PRESENT NAME <u>Ketchum</u>					
8 RESIDENCE, No. STREET CITY OR TOWN <u>Southboro</u> STATE		14 RESIDENCE, No. STREET CITY OR TOWN <u>Southboro</u> STATE					
9 COLOR OR RACE <u>W</u>	10 AGE AT LAST BIRTHDAY <u>32</u> (YEARS)	15 COLOR OR RACE <u>W</u>	16 AGE AT LAST BIRTHDAY <u>32</u> (YEARS)				
11 PLACE OF BIRTH <u>Canada</u> (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH <u>Canada</u> (CITY OR TOWN) (STATE OR COUNTRY)					
12 OCCUPATION <u>School master St. Mark's</u>		18 OCCUPATION <u>hw</u>					
19 SIGNATURE OF ATTENDANT AT BIRTH <u>J. Lowell Bacon</u> (NAME)		<u>M.D.</u> (PHYSICIAN, PARENT OR OTHER, ETC.)					
ADDRESS No.		STREET <u>Southboro</u> (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>					
20 RECEIVED <u>69</u> (MONTH) <u>12/23/32</u> (DAY) (YEAR) <u>Wm. J. Walsh</u>		21 RECEIVED (MONTH) (DAY) (YEAR)					
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE					

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD				Registered No.	
2 FULL NAME OF CHILD Primo Borelli Jr.					
3 Sex m	4 (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth Jan. 8, 1933 (MONTH) (DAY) (YEAR)		
3a Color W					
7 FATHER FULL NAME Primo Borelli			13 MOTHER MAIDEN NAME Josephine Fedolfi PRESENT NAME Borelli		
8 RESIDENCE, No. Oak Hill STREET Southboro CITY OR TOWN STATE			14 RESIDENCE, No. Oak Hill STREET Southboro CITY OR TOWN STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 26 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 26 (YEARS)		
11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Framingham, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Caretaker			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH J. Lowell Bacon (NAME)			19 SIGNATURE OF ATTENDANT AT BIRTH M. D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET Southboro (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 3/9/33 (MONTH) (DAY) (YEAR) <i>W. S. Walsh</i>			21 RECEIVED Apr. 27 - 33 (MONTH) (DAY) (YEAR) <i>S. J. Walsh</i>		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-g

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD Bagley					
3 Sex fe 3a Color W	4 If plural Births (a) Twin, triplet or other (b) Number, in order of birth	5 Born ALIVE or STILLBORN alive	6 Date of Birth Jan. 17, 1933 (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME Joseph Bagley			13 MOTHER MAIDEN NAME Bridie Sheehan PRESENT NAME Bagley		
8 RESIDENCE, No. Walker STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Walker STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 33 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 34 (YEARS)		
11 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Ireland (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Chauffeur			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH E. D. Regan (NAME) ADDRESS No. 54 Proctor STREET Framingham (CITY OR TOWN)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
DATE 1/19/33 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 1/24/33 (MONTH) (DAY) (YEAR) Wm. L. Walsh REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED July 27 33 (MONTH) (DAY) (YEAR) B. J. [Signature] REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-30. No. 605-e

1 PLACE OF BIRTH		Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
1		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Framingham Union Hosp.		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2		FULL NAME OF CHILD Lacombe					
3 Sex fe	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date of Birth	Jan. 22, 1933		
3a Color W		(b) Number, in order of birth.....	alive	(MONTH)	(DAY)	(YEAR)	
7 FATHER		13 MOTHER					
FULL NAME		MAIDEN NAME		Doris Banks			
Arthur Lacombe		PRESENT NAME		Lacombe			
8 RESIDENCE, No.		14 RESIDENCE, No.		STREET			
CITY OR TOWN		Southboro		STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY		19 (YEARS)			
11 PLACE OF BIRTH		Marlboro, Mass.		17 PLACE OF BIRTH			
(CITY OR TOWN)		(STATE OR COUNTRY)		(CITY OR TOWN)			
12 OCCUPATION		Unemployed		18 OCCUPATION			
				h w			
19 SIGNATURE OF ATTENDANT AT BIRTH		E. F. Regan		M.D.			
		(NAME)		(PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No.		STREET		Framingham			
				(CITY OR TOWN)			
DATE		(MONTH)		(DAY)		(YEAR)	
						DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes	
20 RECEIVED		1/26/33		21 RECEIVED			
72		(MONTH)		(MONTH)			
W. A. Walsh		(DAY)		(DAY)			
		(YEAR)		(YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE					

MIDDLESEX

(COUNTY)

Marlboro Hospital

(CITY OR TOWN)

Marlboro Hospital

NO.

STREET

WARD

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

2 FULL NAME OF CHILD Eleanor Irene Wiles

3 Sex female	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN alive	6 Date of Birth Jan 25 1933 (MONTH) (DAY) (YEAR)
3a Color W	(b) Number, in order of birth			

7 FATHER FULL NAME Charles G. Wiles	13 MOTHER MAIDEN NAME Lillian M. Johnson PRESENT NAME Wiles
8 RESIDENCE, No. Leonard St. CITY OR TOWN Fayville STATE Mass	14 RESIDENCE, No. Leonard St. CITY OR TOWN Fayville STATE Mass
9 COLOR OR RACE W	15 COLOR OR RACE W
10 AGE AT LAST BIRTHDAY 47 (YEARS)	16 AGE AT LAST BIRTHDAY 36 (YEARS)
11 PLACE OF BIRTH (CITY OR TOWN) Nova Scotia (STATE OR COUNTRY)	17 PLACE OF BIRTH (CITY OR TOWN) Pueblo (STATE OR COUNTRY) Colorado
12 OCCUPATION Carpenter	18 OCCUPATION at home

19 SIGNATURE OF ATTENDANT AT BIRTH C.H. Merrill (NAME)	Phys (PHYSICIAN, PARENT OR OTHER, ETC.)
ADDRESS No. Mechanic	STREET Marlborough (CITY OR TOWN)
DATE Jan 26 1933 (MONTH) (DAY) (YEAR)	DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes

20 RECEIVED 73 Mar 23 1933 (MONTH) (DAY) (YEAR)	21 RECEIVED May 13 33 (MONTH) (DAY) (YEAR)
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED	REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
COPY OF CERTIFICATE OF BIRTH				Registered No.	
NO. Framingham Union Hospital		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Joseph Alfred Duggan					
3 Sex m	4 (a) Twin, triplet or other twin	5 Born ALIVE or STILLBORN	6 Date of Birth	Feb, 9, 1933	
3a Color W	If plural Births (b) Number, in order of birth 2	alive	(MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME John L. Duggan			13 MOTHER MAIDEN NAME Vera Keenan PRESENT NAME Duggan		
8 RESIDENCE, No. Main STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Main STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 35 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 35 (YEARS)		
11 PLACE OF BIRTH Worcester, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Southbridge, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Chauffeur			18 OCCUPATION h W		
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam M.D. (NAME)			(PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET Framingham (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 74 2/16/33 (MONTH) (DAY) (YEAR) L. Walsh			21 RECEIVED April 27 - 1933 (MONTH) (DAY) (YEAR) Dr. J. P. ...		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Frammingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Frammingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Frammingham Union Hosp. STREET WARD				Registered No.	
2 FULL NAME OF CHILD John Thomas Duggan					
3 Sex M	4 (a) Twin, triplet or other twin (b) Number, in order of birth	5 Born ALIVE or STILLBORN alive	6 Date of Birth Feb. 9, 1933 (MONTH) (DAY) (YEAR)		
3a Color W					
7 FATHER FULL NAME John L. Duggan			13 MOTHER MAIDEN NAME Vera Keenan PRESENT NAME Duggan		
8 RESIDENCE, No. Main STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Main STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 35 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 35 (YEARS)		
11 PLACE OF BIRTH Worcester, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Southbridge, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Chauffeur			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam M.D. (NAME)			(PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET Frammingham (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 2/16/33 (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED April 27 - 1933 (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

—TOWN OF SOUTHBORO, MASS.

Fill out with ink.

All names to be in full.

Date of Birth	Feb. 25, 1933.	
Full Name of Child . .	Tebaldi, Gino Luigi	
Sex, Color, and if Twin	Male. White Single.	
Place of Birth	Marlboro Road.	Ward
	Street and Number, if any	
Full Name of Father . .	Tebaldi, Terenzio	38 Age
Maiden Name of Mother	Facondini, Augusta	35 Age
Residence of Parents . .	Marlboro Road.	Ward
	Street and Number, if any	
Occupation of Father . .	Laborer.	
Occupation of Mother . .	Home.	
Birthplace of Father . .	Italy.	
Birthplace of Mother . .	"	

Dated at Marlborough Feb. 27, 1933. 192

 Signature of person making
 return or in attendance
 at birth.

 Lyman H. Merrill
 Marlboro
 Mass

Feb. 28-33

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1	PLACE OF BIRTH	Middlesex (COUNTY) Framingham (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
	COPY OF CERTIFICATE OF BIRTH						
NO.		Framingham Union Hospital		STREET	WARD	Registered No.	
2		FULL NAME OF CHILD Charles Raymond O'Connell					
3	Sex m	4	(a) Twin, triplet or other.....	5	Born ALIVE or STILLBORN alive	6	Date Feb. 28, 1933 (MONTH) (DAY) (YEAR)
3a	Color W	If plural Births	(b) Number, in order of birth.....				
7	FATHER FULL NAME Charles E. O'Connell			13	MOTHER MAIDEN NAME Alfreda M. Thistle PRESENT NAME O'Connell		
8	RESIDENCE, No. STREET CITY OR TOWN Southboro STATE			14	RESIDENCE, No. STREET CITY OR TOWN Southboro STATE		
9	COLOR OR RACE W	10	AGE AT LAST BIRTHDAY 43 (YEARS)	15	COLOR OR RACE W	16	AGE AT LAST BIRTHDAY 37 (YEARS)
11	PLACE OF BIRTH Upton, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17	PLACE OF BIRTH Framingham, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12	OCCUPATION Painter			18	OCCUPATION hw		
19	SIGNATURE OF ATTENDANT AT BIRTH J. Harry McCann M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)						
ADDRESS No.		STREET Framingham		(CITY OR TOWN)			
DATE (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?		yes			
20	RECEIVED 3/8/33 (MONTH) (DAY) (YEAR) <i>Wm. A. Walsh</i>			21	RECEIVED April 27-1933 (MONTH) (DAY) (YEAR) <i>Dr. J. E. ...</i>		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31, No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Everett Clisby Blois Jr.				COPY OF CERTIFICATE OF BIRTH		Registered No.	
3 Sex <u>m</u>	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth	March 19, 1933 (MONTH) (DAY) (YEAR)		
3a Color <u>W</u>	(b) Number, in order of birth						
7 FATHER FULL NAME Everett Clisby Blois				13 MOTHER MAIDEN NAME Lillian Beals PRESENT NAME Blois			
8 RESIDENCE, No. <u>Winter</u> STREET CITY OR TOWN <u>Southboro</u> STATE				14 RESIDENCE, No. <u>Winter</u> STREET CITY OR TOWN <u>Southboro</u> STATE			
9 COLOR OR RACE <u>W</u>		10 AGE AT LAST BIRTHDAY <u>26</u> (YEARS)		15 COLOR OR RACE <u>W</u>		16 AGE AT LAST BIRTHDAY <u>27</u> (YEARS)	
11 PLACE OF BIRTH <u>New Bedford, Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>Nova Scotia</u> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <u>Accountant</u>				18 OCCUPATION <u>h</u> <u>w</u>			
19 SIGNATURE OF ATTENDANT AT BIRTH <u>R. S. Morse</u> (NAME)				M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. STREET <u>Fraingham</u> (CITY OR TOWN)				<u>yes</u>			
DATE (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?			
20 RECEIVED <u>3/21/33</u> 78 (MONTH) (DAY) (YEAR) <u>[Signature]</u> REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				21 RECEIVED <u>Aug</u> <u>22</u> <u>33</u> (MONTH) (DAY) (YEAR) <u>[Signature]</u> REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

MIDDLESEX

(COUNTY)
MARLBOROUGH

(CITY OR TOWN)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH

No. Marlboro Hospital

STREET

WARD

(If birth occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME OF CHILD

Ramelli3 Sex female4 If plural
Births

(a) Twin, triplet or other

5 Born ALIVE or STILLBORN

6 Date

April111933

3a Color

W

(b) Number, in order of birth

alive

of Birth

(MONTH)

(DAY)

(YEAR)

7

FATHER

FULL
NAMEFrancis E. Ramelli

13

MOTHER

MAIDEN
NAMEEva M. LivelyPRESENT
NAMERamelli

8

RESIDENCE, No.

Main

STREET

CITY OR TOWN

Southborough

STATE

Mass

14

RESIDENCE, No.

Main

STREET

CITY OR TOWN

Southborough

STATE

Mass

9

COLOR
OR RACEW

10

AGE AT LAST
BIRTHDAY29

(YEARS)

15

COLOR
OR RACEW

16

AGE AT LAST
BIRTHDAY26

(YEARS)

11

PLACE
OF BIRTHSouthboroughMass

(CITY OR TOWN)

(STATE OR COUNTRY)

17

PLACE
OF BIRTHMarlboroughMass

(CITY OR TOWN)

(STATE OR COUNTRY)

12

OCCUPATION

Milkman

18

OCCUPATION

at home

19

SIGNATURE OF
ATTENDANT AT BIRTHC.H. Merrill

(NAME)

Phys

(PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No.

Mechanic

STREET

Marlborough

(CITY OR TOWN)

DATE

Apr121933

(MONTH)

(DAY)

(YEAR)

DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?

yes

20

RECEIVED

May151933

(MONTH)

(DAY)

(YEAR)

21

RECEIVED

May161933

(MONTH)

(DAY)

(YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

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100m-9-31. No. 3385-c

1	PLACE OF BIRTH	Middlesex (COUNTY)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS	Framingham (CITY OR TOWN MAKING THIS RETURN)	Registered No.
		Framingham (CITY OR TOWN)			
		COPY OF CERTIFICATE OF BIRTH			
NO.		Framingham Union Hosp.		STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD		Hudson			
3 Sex <u>male</u>	4 { (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date	May 20, 1933	
3a Color <u>W</u>	If plural Births { (b) Number, in order of birth	<u>alive</u>	of Birth	(MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME <u>James Hudson</u>			13 MOTHER MAIDEN NAME <u>Clara Rogers</u> PRESENT NAME <u>Hudson</u>		
8 RESIDENCE, No. <u>Newton</u> STREET			14 RESIDENCE, No. <u>Newton</u> STREET		
CITY OR TOWN <u>Southboro</u> STATE			CITY OR TOWN <u>Southboro</u> STATE		
9 COLOR OR RACE <u>W</u>	10 AGE AT LAST BIRTHDAY <u>46</u> (YEARS)	15 COLOR OR RACE <u>W</u>	16 AGE AT LAST BIRTHDAY <u>43</u> (YEARS)		
11 PLACE OF BIRTH <u>Nova Scotia</u> (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH <u>Nova Scotia</u> (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION <u>Fireman</u>			18 OCCUPATION <u>h w</u>		
19 SIGNATURE OF ATTENDANT AT BIRTH			M.D.		
<u>Joseph C. Merriam</u> (NAME)			(PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS NO.			STREET <u>Framingham</u> (CITY OR TOWN)		
DATE <u>5/21/33</u> (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>		
20 RECEIVED <u>5/29/33</u> <u>80</u> (MONTH) (DAY) (YEAR) <u>Wm. J. Walsh</u>			21 RECEIVED <u>June 1 - 37</u> (MONTH) (DAY) (YEAR) <u>Ch. J. Walsh</u>		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

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100M-11-29. No. 7182-f

1	PLACE OF BIRTH	Bristol (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Taunton (CITY OR TOWN MAKING THIS RETURN)	
		Taunton (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO. 9 Reed St.		STREET		WARD		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD		Ronald August Baldini					
3 Sex	m	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date of birth	21, 1933	
3a Color	W	(b) Number, in order of birth.....	Alive		(MONTH)	(DAY) (YEAR)	
7 FATHER FULL NAME			13 MOTHER MAIDEN NAME				
Attilio Baldini			Gladys Scarano				
			PRESENT NAME				
			Baldini				
8 RESIDENCE, No.			14 RESIDENCE, No.				
Turnpike Road			Turnpike Road				
CITY OR TOWN			CITY OR TOWN				
Fayville, STATE Mass.			Fayville STATE Mas.				
9 COLOR OR RACE		10 AGE AT LAST BIRTHDAY		15 COLOR OR RACE		16 AGE AT LAST BIRTHDAY	
W		37 (YEARS)		W		28 (YEARS)	
11 PLACE OF BIRTH		17 PLACE OF BIRTH		12 OCCUPATION		18 OCCUPATION	
Italy		Italy		Store keeper		Housewife	
(CITY OR TOWN)		(CITY OR TOWN)		(STATE OR COUNTRY)		(STATE OR COUNTRY)	
19 SIGNATURE OF ATTENDANT AT BIRTH			J. L. Murphy Physician				
			(NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)				
ADDRESS No.			STREET				
Cedar			Taunton				
			(CITY OR TOWN)				
DATE			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?				
May 21, 1933			Yes				
(MONTH) (DAY) (YEAR)							
20 RECEIVED			21 RECEIVED				
May 22, 1933			July 23 - 1933				
(MONTH) (DAY) (YEAR)			(MONTH) (DAY) (YEAR)				
81			65				
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE				

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chapter 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return for a child born in another city or town you should transmit a copy of such birth return on Form R-6 to a clerk of the city or town in which the birth occurred.

100M-11-'29, No. 7182-f

1 PLACE OF BIRTH		Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
1		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Framingham Union Hosp.		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Rose Marie Ivis							
3 Sex fe		4 (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....		5 Born ALIVE or STILLBORN alive		6 Date of Birth July 12, 1933 (MONTH) (DAY) (YEAR)	
3a Color W							
7 FATHER FULL NAME Michael Ivis				13 MOTHER MAIDEN NAME Gladys Wolfkiel PRESENT NAME Ivis			
8 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE				14 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 33 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 30 (YEARS)	
11 PLACE OF BIRTH Ireland (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH New Jersey (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Laborer				18 OCCUPATION h w			
19 SIGNATURE OF ATTENDANT AT BIRTH F. C. Southworth (NAME)				M.D. M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. STREET Framingham (CITY OR TOWN)							
DATE (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 7/24/33 (MONTH) (DAY) (YEAR) 82 W. A. Walsh				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

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100M-11-29. No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Frammingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Frammingham (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Norma Angie Maxwell				Registered No.	
3 Sex fe	4 (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth July 20, 1933 (MONTH) (DAY) (YEAR)		
3a Color W	7 FATHER FULL NAME Harold W. Maxwell		13 MOTHER MAIDEN NAME Leorabelle Leavitt PRESENT NAME Maxwell		
8 RESIDENCE, No. Clifford STREET CITY OR TOWN Southboro STATE	14 RESIDENCE, No. Clifford STREET CITY OR TOWN Southboro STATE				
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 38 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 21 (YEARS)		
11 PLACE OF BIRTH (CITY OR TOWN) Maine (STATE OR COUNTRY)	17 PLACE OF BIRTH (CITY OR TOWN) Maine (STATE OR COUNTRY)				
12 OCCUPATION Farmer	18 OCCUPATION h w				
19 SIGNATURE OF ATTENDANT AT BIRTH F. C. Southworth M.D. (NAME)		20 (PHYSICIAN, PARENT OR OTHER, ETC.) Frammingham (CITY OR TOWN)			
ADDRESS No. STREET		DATE (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 83 (MONTH) W. A. Walsh (DAY) 8/2/33 (YEAR)		21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-'29, No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN) Registered No.	
NO. Framingham Union Hp.		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Victoria Dora Rinoldo					
3 Sex fe	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date		
3a Color W	If plural Births (b) Number, in order of birth	alive	of Birth Aug. 13, 1933		
7 FATHER FULL NAME Orazio Rinoldo			13 MOTHER MAIDEN NAME Jennie Sawtell PRESENT NAME Rinoldo		
8 RESIDENCE, No. Southville rd. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Southville rd. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 43 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 37 (YEARS)		
11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Boston, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Farmer			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH F. C. Southworth M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)					
ADDRESS No. STREET Framingham (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 8/22/33 (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

1 PLACE OF BIRTH		Middlesex (COUNTY) Framingham (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN) Registered No.	
NO.		Framingham Union Hp.		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Misener							
3 Sex fe		4 (a) Twin, triplet or other.....		5 Born ALIVE or STILLBORN		6 Date	
3a Color W		If plural Births (b) Number, in order of birth.....		alive		of Birth Aug. 20, 1933 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Lawrence Misener				8 MOTHER MAIDEN NAME Hilda Cody PRESENT NAME Misener			
8 RESIDENCE, No. Framingham Rd. STREET				14 RESIDENCE, No. Framingham Rd. STREET			
CITY OR TOWN Southboro STATE				CITY OR TOWN Southboro STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 42 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 34 (YEARS)	
11 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH New Hampshire (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Laborer				18 OCCUPATION hw			
19 SIGNATURE OF ATTENDANT AT BIRTH.....				F. C. Southworth M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No.				STREET Framingham (CITY OR TOWN)			
DATE (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 8/28/33 (MONTH) (DAY) (YEAR) <i>Wm. A. Walsh</i>				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH		Middlesex (COUNTY)		Framingham (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD		Paul Humphrey Corwin							
3 Sex m	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date	Aug. 29, 1933				
3a Color W	(b) Number, in order of birth.....	alive		of Birth	(MONTH)	(DAY)	(YEAR)		
7 FATHER FULL NAME Mark Corwin				13 MOTHER MAIDEN NAME Esther Humphrey PRESENT NAME Corwin					
8 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE				14 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE					
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 36 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 33 (YEARS)			
11 PLACE OF BIRTH Charlestown, Mass. (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Somerville, Mass. (CITY OR TOWN) (STATE OR COUNTRY)					
12 OCCUPATION Accountant				18 OCCUPATION hw					
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam M.D. (NAME)				(PHYSICIAN, PARENT OR OTHER, ETC.)					
ADDRESS No. STREET				Framingham (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes					
20 RECEIVED (MONTH) 9/7/33 (DAY) (YEAR) 86 <i>Wm. L. Walsh</i> REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				21 RECEIVED (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE					

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from you now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
No. Framingham Union Hosp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD Dorothy Smiddy					
3 Sex <u>fe</u> 3a Color <u>W</u>		4 { (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....		5 Born ALIVE or STILLBORN <u>alive</u>	
				6 Date of Birth <u>Nov. 9, 1933</u> (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME <u>Earl R. Smiddy</u>			13 MOTHER MAIDEN NAME <u>Agnes Lally</u> PRESENT NAME <u>Smiddy</u>		
8 RESIDENCE, No. <u>Turnpike rd.</u> STREET CITY OR TOWN <u>Southboro</u> STATE			14 RESIDENCE, No. <u>Turnpike rd.</u> STREET CITY OR TOWN <u>Southboro</u> STATE		
9 COLOR OR RACE <u>W</u>		10 AGE AT LAST BIRTHDAY <u>31</u> (YEARS)		15 COLOR OR RACE <u>W</u>	
				16 AGE AT LAST BIRTHDAY <u>30</u> (YEARS)	
11 PLACE OF BIRTH <u>Southboro, Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH <u>Boston, Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION <u>Elec. engineer</u>			18 OCCUPATION <u>hw</u>		
19 SIGNATURE OF ATTENDANT AT BIRTH <u>Joseph C. Merriam M.D.</u> (NAME)			(PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET <u>Framingham</u> (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>		
20 RECEIVED <u>11/18/33</u> (MONTH) (DAY) (YEAR) <u>W. L. Walsh</u>			21 RECEIVED <u>Dec 15 33</u> (MONTH) (DAY) (YEAR) <u>A. R. Farkas</u>		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your case was obtained from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-'29. No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Marlborough (CITY OR TOWN) Marlboro Hospital NO. STREET WARD		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Marlborough (CITY OR TOWN MAKING THIS RETURN) Registered No.	
2 FULL NAME OF CHILD Norman Lincoln Blood					
3 Sex 3a male	4 If plural Births (a) Twin, triplet or other. (b) Number, in order of birth	5 Born ALIVE or STILLBORN Alive	6 Date of Birth Nov 20 1933 (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME Donald C. Blood			13 MOTHER MAIDEN NAME Ethel M. Lincoln PRESENT NAME Blood		
8 RESIDENCE, No. Parkerville Rd CITY OR TOWN Southborough STATE Mass.			14 RESIDENCE, No. Parkerville Rd CITY OR TOWN Southborough STATE Mass.		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 34 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 29 (YEARS)		
11 PLACE OF BIRTH Belfast Maine (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Southborough Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION truck driver			18 OCCUPATION At Home		
19 SIGNATURE OF ATTENDANT AT BIRTH J. Lowell Bacon (NAME)			Physician (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. Nov 21 1933 (MONTH) (DAY) (YEAR)			STREET Southborough Marlborough (CITY OR TOWN)		
DATE			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes		
20 RECEIVED Jan 5 1934 (MONTH) (DAY) (YEAR) 88 P. B. Murphy			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

See AFFIDAVIT & CORRECTION #01
Framingham Rec-12-11-95
(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH
Middlesex (COUNTY)
Framingham (CITY OR TOWN)

NO. Framingham Union Hp. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Antonio Morrissini

3 Sex m 4 (a) Twin, triplet or other..... 5 Born ALIVE or STILLBORN 6 Date
3a Color W If plural Births (b) Number, in order of birth alive of Birth Dec. 8, 1933
(MONTH) (DAY) (YEAR)

7 FATHER
FULL NAME Antonio Morrissini

13 MOTHER
MAIDEN NAME Bertha Giombetti
PRESENT NAME Morrissini

8 RESIDENCE, No. Southville rd. STREET
CITY OR TOWN Southboro STATE

14 RESIDENCE, No. Southville rd. STREET
CITY OR TOWN Southboro STATE

9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 37 (YEARS)

15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 34 (YEARS)

11 PLACE OF BIRTH Itsly (CITY OR TOWN) (STATE OR COUNTRY)

17 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION Laborer

18 OCCUPATION hw

19 SIGNATURE OF ATTENDANT AT BIRTH W. H. Gane (NAME) M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. STREET Ashland (CITY OR TOWN)

DATE (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes

20 RECEIVED 12/18/33 (MONTH) (DAY) (YEAR)
W. J. Walsh

21 RECEIVED (MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

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100M-11-29. No. 7182-f

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city the birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH		Middlesex (COUNTY) Marlborough (CITY OR TOWN) No. <u>Marlboro Hospital</u> STREET <u> </u> WARD <u> </u>		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Marlborough (CITY OR TOWN MAKING THIS RETURN) Registered No. <u> </u>	
2 FULL NAME OF CHILD <u>Bradley Taylor Foote</u>							
3a Color <u>W</u>		4 (a) Twin, triplet or other <u> </u> (b) Number, in order of birth <u> </u>		5 Born ALIVE or STILLBORN <u>Alive</u>		6 Date of Birth <u>Dec 10 1933</u> (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME <u>Aldridge Foote</u>				13 MOTHER MAIDEN NAME <u>Hazel Taylor</u> PRESENT NAME <u>Foote</u>			
8 RESIDENCE, No. <u>Newton</u> STREET <u> </u> CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>				14 RESIDENCE, No. <u>Newton</u> STREET <u> </u> CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>			
9 COLOR OR RACE <u>W</u>		10 AGE AT LAST BIRTHDAY <u>32</u> (YEARS)		15 COLOR OR RACE <u>W</u>		16 AGE AT LAST BIRTHDAY <u>18</u> (YEARS)	
11 PLACE OF BIRTH <u>Nova Scotia Can</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>Mendon Mass</u> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <u>Filling Sta. Attendant</u>				18 OCCUPATION <u>At Home</u>			
19 SIGNATURE OF ATTENDANT AT BIRTH <u>C.H. Merrill</u> (NAME)				Physician (PHYSICIAN, PARENT OR OTHER, ETC.) <u>Marlborough</u> (CITY OR TOWN)			
ADDRESS No. <u>Mechanic</u> STREET <u> </u>				DATE <u>Dec 11 1933</u> (MONTH) (DAY) (YEAR)			
20 RECEIVED <u>Jan 5 1934</u> (MONTH) (DAY) (YEAR) <u>90</u>				21 RECEIVED <u> </u> (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH		Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
1		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Framingham Union Hp.		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Jean Eleanor Curtis							
3 Sex <i>fe</i>		4 { (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....		5 Born ALIVE or STILLBORN <i>alive</i>		6 Date of Birth <i>Jan. 1, 1934</i> (MONTH) (DAY) (YEAR)	
3a Color <i>W</i>							
7 FATHER FULL NAME <i>Myron A. Curtis</i>				13 MOTHER MAIDEN NAME <i>Evelyn L. Smith</i> PRESENT NAME <i>Curtis</i>			
8 RESIDENCE, No. <i>Sears Rd.</i> STREET				14 RESIDENCE, No. <i>Sears Rd.</i> STREET			
CITY OR TOWN <i>Southboro</i> STATE				CITY OR TOWN <i>Southboro</i> STATE			
9 COLOR OR RACE <i>W</i>		10 AGE AT LAST BIRTHDAY <i>28</i> (YEARS)		15 COLOR OR RACE <i>W</i>		16 AGE AT LAST BIRTHDAY <i>27</i> (YEARS)	
11 PLACE OF BIRTH <i>Maine</i> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <i>Haverhill, Mass.</i> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <i>Farmer</i>				18 OCCUPATION <i>h w</i>			
19 SIGNATURE OF ATTENDANT AT BIRTH <i>J. Lowell Bacon</i> (NAME)				M.D. <i>M.D.</i> (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. STREET				<i>Southboro</i> (CITY OR TOWN)			
DATE (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <i>yes</i>			
20 RECEIVED <i>1/11/34</i> (MONTH) (DAY) (YEAR) <i>W. L. Walsh</i>				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

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100M-11-29, No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Marlborough (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Marlborough (CITY OR TOWN MAKING THIS RETURN)	
NO. Marlboro Hospital		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Richard Paul Lindsay					
3 Sex male	4 If plural Births W	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN Alive	6 Date of Birth Jan 16 1934 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Edelbert Lindsay Sears Rd RESIDENCE, No. STREET CITY OR TOWN Southborough STATE Mass.			13 MOTHER MAIDEN NAME Irene Mosso PRESENT NAME Lindsay 14 RESIDENCE, No. Sears Rd STREET CITY OR TOWN Southborough STATE Mass.		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 31 (YEARS)	15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 23 (YEARS)			
11 PLACE OF BIRTH Worcester Mass (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Worcester Mass (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Gardner			18 OCCUPATION At Home		
19 SIGNATURE OF ATTENDANT AT BIRTH O.G. Duhamel (NAME) ADDRESS No. Lincoln St. STREET (CITY OR TOWN) Marlborough			Physician (PHYSICIAN, PARENT OR OTHER, ETC.)		
DATE Feb. 1 1934 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes		
20 RECEIVED Feb 1 1934 (MONTH) (DAY) (YEAR)			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD <u>Alwyn Cynthia Evans</u>					
3 Sex <u>fe</u>	4 (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth <u>alive</u>	5 Born ALIVE or STILLBORN	6 Date of Birth <u>Jan. 17, 1934</u> (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME <u>Harold Evans</u>			13 MOTHER MAIDEN NAME <u>Maude H. Amory</u> PRESENT NAME <u>Evans</u>		
8 RESIDENCE, No. <u>Lynnbrook Farm</u> STREET CITY OR TOWN <u>Southboro</u> STATE			14 RESIDENCE, No. <u>Lynnbrook Farm</u> STREET CITY OR TOWN <u>Southboro</u> STATE		
9 COLOR OR RACE <u>W</u>	10 AGE AT LAST BIRTHDAY <u>36</u> (YEARS)	15 COLOR OR RACE <u>W</u>	16 AGE AT LAST BIRTHDAY <u>30</u> (YEARS)		
11 PLACE OF BIRTH <u>England</u> (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH <u>England</u> (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION <u>Butler</u>			18 OCCUPATION <u>h w</u>		
19 SIGNATURE OF ATTENDANT AT BIRTH <u>Joseph C. Merriam M.D.</u> (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)			ADDRESS No. STREET <u>Framingham</u> (CITY OR TOWN)		
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>		
20 RECEIVED <u>1/29/34</u> 93 (MONTH) (DAY) (YEAR) <u>W. A. Walsh</u>			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD Deborah Ann Sealey					
3 Sex fe	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date of Birth	Feb. 11, 1934
3a Color w	(b) Number, in order of birth.....	alive		(MONTH)	(DAY) (YEAR)
7 FATHER FULL NAME Robert W. Sealey			18 MOTHER MAIDEN NAME Lucy Bowen PRESENT NAME Sealey		
8 RESIDENCE, No. Boston Rd. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Boston Rd. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE w	10 AGE AT LAST BIRTHDAY	15 COLOR OR RACE w		16 AGE AT LAST BIRTHDAY	
(YEARS)		(YEARS)		(YEARS)	
11 PLACE OF BIRTH Framingham, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Dighton Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Truckman			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH J. Lowell Bacon (NAME)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET Southboro (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 94 12/16/34 MONTH DAY YEAR W. A. Walsh			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Town of

Sutton

TOWN CLERK'S OFFICE.

In order that the records of births in this office may be complete, please give below the name of the child born in your family during the year 1934

Child's name in full

* Alice Marie Oghidarian

Date of birth

February 13, 1934

Father's name

James Oghidarian

Mother's maiden name

Alice Hajian

Signature of parent

Mr. & Mrs. James Oghidarian

A correct record of birth may be of great importance in after years. Please attend to this request now.

96

Respectfully yours,

Margaret F. McDermott
asst

Town Clerk.

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1	PLACE OF BIRTH	Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)
		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.
NO.		Framingham Union Hp.	STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD		Richard Alberini				
3 Sex	m	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN		6 Date of Birth	
3a Color	w	If plural Births (b) Number, in order of birth	alive		Feb. 18, 1934 (MONTH) (DAY) (YEAR)	
7 FULL NAME		FATHER Peter Alberini		18 MOTHER Catherine Casey PRESENT NAME Alberini		
8 RESIDENCE, No.		STREET		14 RESIDENCE, No.		
CITY OR TOWN		Southboro STATE		CITY OR TOWN Southboro STATE		
9 COLOR OR RACE		10 AGE AT LAST BIRTHDAY		15 COLOR OR RACE		
w		30 (YEARS)		w		
11 PLACE OF BIRTH		Clinton, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH		
				Framingham, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION		Laborer		18 OCCUPATION		
				hw		
19 SIGNATURE OF ATTENDANT AT BIRTH		Joseph C. Merriam M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)				
ADDRESS No.		STREET Framingham (CITY OR TOWN)				
DATE		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes				
(MONTH)		(DAY)		(YEAR)		
20 RECEIVED		21 RECEIVED				
3/2/34 (MONTH) (DAY) (YEAR)		(MONTH) (DAY) (YEAR)				
97 Wm. A. Walsh						
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE				

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Marlborough (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Marlborough (CITY OR TOWN MAKING THIS RETURN)	
COPY OF CERTIFICATE OF BIRTH				Registered No.	
NO. Marlboro Hospital		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Richard Aubrey Allen					
3 Sex male	4 If plural Births W	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN Alive	6 Date of Birth	Mar 23 1934 (MONTH) (DAY) (YEAR)
7 FATHER FULL NAME Aubrey Allen			13 MOTHER MAIDEN NAME Edna Cadieux PRESENT NAME Allen		
8 RESIDENCE, No. Newton CITY OR TOWN Southborough STATE Mass.			14 RESIDENCE, No. Newton CITY OR TOWN Southborough STATE Mass.		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 30 (YEARS)	15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 31 (YEARS)	
11 PLACE OF BIRTH Marlborough Mass (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Marlborough Mass (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Engineer			18 OCCUPATION At Home		
19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins			Supt Hosp Physician		
ADDRESS No.			STREET Marlborough (CITY OR TOWN)		
DATE May 1 1934 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes		
20 RECEIVED May 12 1934 (MONTH) (DAY) (YEAR)			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

FORM R-6

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-30. No. 605-e

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham	
NO. Framingham Union Hp. STREET				WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME OF CHILD Sarah Hollis French					
3 Sex fe	4 If plural Births	(a) Twin, triplet or other.	5 Born ALIVE or STILLBORN	6 Date March 24, 1934	
3a Color W		(b) Number, in order of birth.	alive	of Birth (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Hollis French			13 MOTHER MAIDEN NAME Mary N. Frick PRESENT NAME French		
8 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 29 (YEARS)		15 COLOR OR RACE W	
11 PLACE OF BIRTH Gloucester, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY 24 (YEARS)		17 PLACE OF BIRTH Allentown, Pa. (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION Teacher			18 OCCUPATION h W		
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam (NAME)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET Framingham (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 99 (MONTH) (DAY) (YEAR) W. L. Walsh			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

FORM R-6

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (Sec Chap. 46, Sec. 12, G. L.)

59m-11-'30. No. 605-e

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD				Registered No.	
2 FULL NAME OF CHILD John Joseph Colleary					
3 Sex m	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	
3a Color W		(b) Number, in order of birth	alive	March 26, 1934	(MONTH) (DAY) (YEAR)
7 FATHER FULL NAME William J. O'Leary			13 MOTHER MAIDEN NAME Josephine E. Canning PRESENT NAME O'Leary		
8 RESIDENCE, No. Main STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Main STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY	30	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY	28
11 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Framingham, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Shipping clerk			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH D. W. Heffernan M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)					
ADDRESS No. STREET Framingham (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 3/30/34 (MONTH) (DAY) (YEAR) 100 W. A. Walsh			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

59m-11-30. No. 605-e

1 PLACE OF BIRTH		Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
1		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Framingham Union Hosp.		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <u>George Cesare Rossi</u>							
3 Sex <u>m</u>		4 If plural Births { (a) Twin, triplet or other.....		5 Born ALIVE or STILLBORN		6 Date of Birth <u>March 31, 1934</u>	
3a Color <u>W</u>		(b) Number, in order of birth.....		<u>alive</u>		(MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME <u>Cwsare Rossi</u>				13 MOTHER MAIDEN NAME <u>Julia Peroncini</u> PRESENT NAME <u>Rossi</u>			
8 RESIDENCE, No. <u>Main</u> STREET				14 RESIDENCE, No. <u>Main</u> STREET			
CITY OR TOWN <u>Southboro</u> STATE				CITY OR TOWN <u>Southboro</u> STATE			
9 COLOR OR RACE <u>W</u>		10 AGE AT LAST BIRTHDAY <u>39</u> (YEARS)		15 COLOR OR RACE <u>W</u>		16 AGE AT LAST BIRTHDAY <u>33</u> (YEARS)	
11 PLACE OF BIRTH <u>Italy</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>Italy</u> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <u>Gardener</u>				18 OCCUPATION <u>hw</u>			
19 SIGNATURE OF ATTENDANT AT BIRTH <u>J. Lowell Bacon</u> (NAME)				M.D. <u>M.D.</u> (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No.				STREET <u>Southboro</u> (CITY OR TOWN)			
DATE (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>					
20 RECEIVED <u>4/3/34</u> (MONTH) (DAY) (YEAR) <u>W. J. Walsh</u>				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

TOWN CLERK'S OFFICE.

In order that the records of births in this office may be complete, please give below the name of the child born in your family during the year 1934

Child's name in full

X John Henry Sangervasi

Date of birth

April 16, 1934

Father's name

Enrico Sangervasi

Mother's maiden name

Edith Lucy Sanchioni

Signature of parent

Mr. & Mrs. Enrico Sangervasi
Thank you.

A correct record of birth may be of great importance in after years. Please attend to this request now.

Respectfully yours,

Town Clerk.

103

Margie T. McDanel
and

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50ms-11-30. No. 605-e

1	PLACE OF BIRTH	Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)
		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.
NO.		Framingham Union Hp.		STREET	WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD				Sangavasi (supplemental returned unknown)		
3 Sex	m	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	April 16, 1934
3a Color	W		(b) Number, in order of birth	alive	(MONTH)	(DAY) (YEAR)
7 FULL NAME	FATHER Enrico Sangavasi			13 MOTHER Maiden Name Edith L. Sanchioni PRESENT NAME Sangavasi		
8 RESIDENCE, No.	STREET			14 RESIDENCE, No. STREET		
CITY OR TOWN	Southboro STATE			CITY OR TOWN Southboro STATE		
9 COLOR OR RACE	W	10 AGE AT LAST BIRTHDAY	33 (YEARS)	15 COLOR OR RACE	W	16 AGE AT LAST BIRTHDAY 23 (YEARS)
11 PLACE OF BIRTH	Italy (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Southboro (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION	Laborer			18 OCCUPATION h W		
19 SIGNATURE OF ATTENDANT AT BIRTH	Joseph C. Merriam M.D. (NAME)			(PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No.	STREET			Framingham (CITY OR TOWN)		
DATE	(MONTH)	(DAY)	(YEAR)	DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED	4/27/34 102 (MONTH) (DAY) (YEAR)			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Marlborough (CITY OR TOWN) Marlboro Hospital NO. STREET WARD		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Marlborough (CITY OR TOWN MAKING THIS RETURN) Registered No.	
2 FULL NAME OF CHILD Patricia Ann Pessini					
3 Female 3a Color W		4 (a) Twin, triplet or other (b) Number, in order of birth Alive		5 Born ALIVE or STILLBORN Date April 19 1934 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Leo J. Pessini			13 MOTHER MAIDEN NAME Florence M. Goff PRESENT NAME Pessini		
8 RESIDENCE, No. Turnpike Rd CITY OR TOWN Fayville STATE Mass.			14 RESIDENCE, No. Turnpike Rd CITY OR TOWN Fayville STATE Mass.		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 27 (YEARS)		15 COLOR OR RACE W	
11 PLACE OF BIRTH Fayville Mass (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY 26 (YEARS)		17 PLACE OF BIRTH Norton Mass (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION farmer			18 OCCUPATION At Home		
19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins (NAME)			Supt Hosp -- Physician (PHYSICIAN, PARENT OR OTHER, ETC.) Marlborough (CITY OR TOWN)		
ADDRESS No. STREET DATE May 1 1934 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes		
20 RECEIVED 104 (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (Sec Chap. 46, Sec. 12, G. L.)

50m-11-30. No. 605-e

1	PLACE OF BIRTH	Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)
		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.
NO.		Framingham Union Hosp.		STREET	WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Harry Robert Moore						
3 Sex	M	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	April 21, 1934
3a Color	W		(b) Number, in order of birth	alive	(MONTH)	(DAY) (YEAR)
7 FATHER FULL NAME Harry W. Moore				13 MOTHER MAIDEN NAME Harriet R. Hathaway PRESENT NAME Moore		
8 RESIDENCE, No. Wood STREET				14 RESIDENCE, No. Wood STREET		
CITY OR TOWN Southboro STATE				CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 37 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 31 (YEARS)
11 PLACE OF BIRTH Worcester Mass. (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Police officer				18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam M.D. (NAME)				(PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No.				STREET Framingham (CITY OR TOWN)		
DATE (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 105 4/27/34 (MONTH) (DAY) (YEAR) W. A. Walsh				21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents residing in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-'29. No. 7182-f

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN) Marlboro Hospital No. _____ STREET _____ WARD _____		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH Registered No. _____		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Barbara Anne Coulson					
3 Sex female 3a Color W	4 (a) Twin, triplet or other. If plural Births	(b) Number, in order of birth.	5 Born ALIVE or STILLBORN alive	6 Date of Birth May 14 1934 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Edwin J. Coulson			13 MOTHER MAIDEN NAME Geneva M. Jensen PRESENT NAME Coulson		
8 RESIDENCE, No. Newton St. CITY OR TOWN Southborough STATE Mass			14 RESIDENCE, No. Newton St. CITY OR TOWN Southborough STATE Mass		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 39 (YEARS)	15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 27 (YEARS)	
11 PLACE OF BIRTH Mechanicsville N.Y. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Southboro Mass (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Salesman			18 OCCUPATION at home		
19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins Supt Hosp (NAME)			Dr. Merrill (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. _____ STREET _____			(CITY OR TOWN) _____		
DATE May 14 1934 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED June 21 1934 (MONTH) (DAY) (YEAR) 106			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

MIDDLESEX

(COUNTY)

MARLBOROUGH

(CITY OR TOWN)

Marlboro Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

COPY OF

CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH

NO. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

McHale

2 FULL NAME OF CHILD

3 Sex female 4 (a) Twin, triplet or other 5 Born ALIVE or STILLBORN 6 Date of Birth May 22 1934
3a Color W Births (b) Number, in order of birth alive (MONTH) (DAY) (YEAR)

7 FATHER
FULL NAME Richard McHale

13 MOTHER
MAIDEN NAME Catherine E. Dolan
PRESENT NAME McHale

8 Ward Road
RESIDENCE, No. STREET
CITY OR TOWN Southborough Mass

14 Ward Road
RESIDENCE, No. STREET
CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 41 (YEARS)

15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 44 (YEARS)

11 Southborough Mass.
PLACE OF BIRTH (CITY OR TOWN) (STATE OR COUNTRY)

17 Ireland
PLACE OF BIRTH (CITY OR TOWN) (STATE OR COUNTRY)

12 farmer
OCCUPATION

18 at home
OCCUPATION

19 C.W. Smith
SIGNATURE OF ATTENDANT AT BIRTH (NAME)

(PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. West Main STREET
(CITY OR TOWN)

DATE May 24 1934 DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes
(MONTH) (DAY) (YEAR)

20 May 25 1934
RECEIVED (MONTH) (DAY) (YEAR)
107 P.D. Murphy

21
RECEIVED (MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the birth occurred as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-1

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

1 PLACE OF BIRTH		SUFFOLK (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (CITY OR TOWN MAKING THIS RETURN)	
1		BOSTON (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No. 7021	
NO. Richardson House		XXXXXX		WARD		{ (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Peter Redfield Weed							
3 Sex M	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	June	13,	1934
3a Color W		(b) Number, in order of birth	"	(MONTH)	(DAY)	(YEAR)	
7 FATHER FULL NAME Frederick R. Weed				13 MOTHER MAIDEN NAME Margaret Jarvis PRESENT NAME " Weed			
8 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE Mass.				14 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE Mass.			
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 28 (YEARS)	15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 26 (YEARS)			
11 PLACE OF BIRTH Brookline Mass. (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Pittsburg Pa. (CITY OR TOWN) (STATE OR COUNTRY)		18 OCCUPATION Housewife			
12 OCCUPATION School Teacher							
19 SIGNATURE OF ATTENDANT AT BIRTH F. Irving (NAME) ADDRESS No. 221 Longwood DATE 6/13, 1934 (MONTH) (DAY) (YEAR)				Av. XXXXXX BOSTON (PHYSICIAN) (CITY OR TOWN) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes			
20 RECEIVED 6/19, 1934 (MONTH) (DAY) (YEAR) 108 Miss Redfield Weed REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				21 RECEIVED (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

MIDDLESEX

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

1 PLACE OF BIRTH

(COUNTY)

MARLBOROUGH

(CITY OR TOWN)

Marlboro Hospital

COPY OF
CERTIFICATE OF BIRTH

Registered No.

NO. STREET WARD { (If birth occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME OF CHILD Richard Maley

3 Sex male 4 (a) Twin, triplet or other 5 Born ALIVE or STILLBORN alive 6 Date of Birth June 21 1934
3a Color W 4b Number, in order of birth (MONTH) (DAY) (YEAR)

7 FATHER FULL NAME John H. Maley 13 MOTHER MAIDEN NAME Elizabeth B. Byrne
PRESENT NAME Maley

8 Winchester St. RESIDENCE, No. STREET
CITY OR TOWN Southborough STATE Mass 14 Winchester St. RESIDENCE, No. STREET

CITY OR TOWN Southborough STATE Mass

9 COLOR OR RACE 10 AGE AT LAST BIRTHDAY 41 (YEARS) 15 COLOR OR RACE 16 AGE AT LAST BIRTHDAY 40 (YEARS)

11 PLACE OF BIRTH Southboro Mass (CITY OR TOWN) (STATE OR COUNTRY) 17 PLACE OF BIRTH Marlboro Mass (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION janitor 18 OCCUPATION at home

19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins Dr. Collins
(PHYSICIAN, PARENT OR OTHER, ETC.)
Supt Hosp

ADDRESS No. STREET (CITY OR TOWN)

DATE Sept 22 1934 DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes
(MONTH) (DAY) (YEAR)

20 RECEIVED Sept 27 1934 (MONTH) (DAY) (YEAR)
109 P.B. Murphy
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

21 RECEIVED (MONTH) (DAY) (YEAR)
REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the child was born. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

TOWN CLERK'S OFFICE.

In order that the records of births in this office may be complete, please give below the name of the child born in your family during the year 1934

Child's name in full Robert Worthington Bates

Date of birth July 26, 1934

Father's name Chester Worthington Bates

Mother's maiden name Hawthorne

Signature of parent Kristia Bates

A correct record of birth may be of great importance in after years. Please attend to this request now.

III

Respectfully yours,

~~David~~

Margaret F. McDaniel asst.

Town Clerk.

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to a clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH		Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD		Bates					
3 Sex <u>m</u>	4 (a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN		6 Date		July 26, 1934	
3a Color <u>W</u>	If plural Births (b) Number, in order of birth.....	alive		of Birth		(MONTH)	(DAY)
7 FATHER FULL NAME Chester W. Bates				13 MOTHER MAIDEN NAME Kirmitia Hawthorn PRESENT NAME Bates			
8 RESIDENCE, No.....STREET CITY OR TOWN.....Southboro.....STATE.....				14 RESIDENCE, No.....STREET CITY OR TOWN.....Southboro.....STATE.....			
9 COLOR OR RACE.....W		10 AGE AT LAST BIRTHDAY.....29.....(YEARS)		15 COLOR OR RACE.....W		16 AGE AT LAST BIRTHDAY.....24.....(YEARS)	
11 PLACE OF BIRTH.....Boston, Mass. (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH.....Brookton, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION.....Gardner				18 OCCUPATION.....h w			
19 SIGNATURE OF ATTENDANT AT BIRTH.....William J. Dahill M.D. (NAME)				(PHYSICIAN, PARENT OR OTHER, ETC.) Wayland (CITY OR TOWN)			
ADDRESS No.....STREET.....				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?.....yes			
DATE.....(MONTH).....(DAY).....(YEAR)							
20 RECEIVED.....8/16/34 (MONTH) (DAY) (YEAR) 110 W. J. Walsh				21 RECEIVED..... (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-'29, No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Marlborough (CITY OR TOWN) Marlboro Hospital		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Marlborough (CITY OR TOWN MAKING THIS RETURN) Registered No.	
NO. Mary Martha Donahue		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Mary Martha Donahue					
3 Sex ☒ Female 3a Color ☒ W		4 { (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....		5 Born ALIVE or STILLBORN Alive	
				6 Date of Birth August 4 1934 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME James E. Donahue			13 MOTHER MAIDEN NAME Helen Frances Butler PRESENT NAME Donahue		
8 RESIDENCE, No. Boston Rd. STREET CITY OR TOWN Southborough Mass. STATE Mass.			14 RESIDENCE, No. Boston Rd. STREET CITY OR TOWN Southborough Mass. STATE Mass.		
9 COLOR OR RACE ☒ W		10 AGE AT LAST BIRTHDAY 34 (YEARS)		15 COLOR OR RACE ☒ W	
				16 AGE AT LAST BIRTHDAY 29 (YEARS)	
11 PLACE OF BIRTH Brockton Mass (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Roxbury Mass (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION telephone worker			18 OCCUPATION At Home		
19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins (NAME) ADDRESS No. Supt Hosp STREET (CITY OR TOWN)			Dr. Merrill Physician (PHYSICIAN, PARENT OR OTHER, ETC.) Marlborough (CITY OR TOWN)		
DATE Aug 4 1934 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes		
20 RECEIVED 112 (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-'31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham	
NO. Framingham Union Hosp. STREET				WARD	
2 FULL NAME OF CHILD David George Kittredge					
3 Sex m	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN alive	6 Date of Birth Sept. 4, 1934	
3a Color W		(b) Number, in order of birth		(MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Harold R. Kittredge			13 MOTHER MAIDEN NAME Elizabeth McCullough PRESENT NAME Kittredge		
8 RESIDENCE, No. Winter STREET			14 RESIDENCE, No. Winter STREET		
CITY OR TOWN Southboro STATE			CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 26 (YEARS)	15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 28 (YEARS)	
11 PLACE OF BIRTH Bedford, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Instructor		18 OCCUPATION h w			
19 SIGNATURE OF ATTENDANT AT BIRTH		J. Lowell Bacon M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No.		STREET Southboro (CITY OR TOWN)			
DATE (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 113 9/17/34 (MONTH) (DAY) (YEAR)		21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1	PLACE OF BIRTH	Middlesex (COUNTY)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS	Framingham (CITY OR TOWN MAKING THIS RETURN)
		Framingham (CITY OR TOWN)		
NO.		Framingham Union Hosp.	STREET	WARD
COPY OF CERTIFICATE OF BIRTH				
Registered No.				
2	FULL NAME OF CHILD Joseph Daniel Brock			
3	Sex m	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth
3a	Color W	If plural Births (b) Number, in order of birth	alive	Sept. 5, 1934 (MONTH) (DAY) (YEAR)
7	FATHER FULL NAME Joseph D. Brock		13 MOTHER MAIDEN NAME Eva M. Hogan PRESENT NAME Brock	
8	RESIDENCE, No. Wood STREET CITY OR TOWN Southboro STATE		14 RESIDENCE, No. Wood STREET CITY OR TOWN Southboro STATE	
9	COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 36 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 28 (YEARS)
11	PLACE OF BIRTH Hopkinton, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Hopkinton, Mass. (CITY OR TOWN) (STATE OR COUNTRY)	
12	OCCUPATION Ice dealer		18 OCCUPATION h w	
19	SIGNATURE OF ATTENDANT AT BIRTH M. James Shaughnessy M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS NO.		STREET Framingham (CITY OR TOWN)		
DATE (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20	RECEIVED 114 (MONTH) (DAY) (YEAR) 9/17/34 Wm. S. Walsh		21 RECEIVED (MONTH) (DAY) (YEAR)	
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE	

MIDDLESEX

MARLBOROUGH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(CITY OR TOWN MAKING THIS RETURN)

MARLBOROUGH



COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH

(CITY OR TOWN)

NO. Marlboro Hospital STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Francis James Ramelli

3 Sex male 4 (a) Twin, triplet or other ALIVE 5 Born ALIVE or STILLBORN ALIVE 6 Date of Birth Nov 17 1934
(MONTH) (DAY) (YEAR)

7 FATHER FULL NAME Francis E. Ramelli 13 MOTHER MAIDEN NAME Eva M. Lively
PRESENT NAME Ramelli

8 RESIDENCE, No. Marlboro Rd STREET MASS 14 RESIDENCE, No. Marlboro Rd STREET MASS
CITY OR TOWN Southborough STATE MASS CITY OR TOWN Southboro STATE MASS

9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 28 (YEARS) 15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 27 (YEARS)

11 PLACE OF BIRTH Southboro Mass (CITY OR TOWN) (STATE OR COUNTRY) 17 PLACE OF BIRTH Marlboro Mass (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION truck driver 18 OCCUPATION at home

19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins (NAME) Dr Merrill (NAME)
ADDRESS No. Supt Hosp STREET Marlboro (CITY OR TOWN) yes

DATE Dec 24 1934 (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes

20 RECEIVED Dec 28 1934 (MONTH) (DAY) (YEAR) 21 RECEIVED Dec 28 1934 (MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-41-29, No. 7182-f

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the birth occurred as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-79, No. 7182-f

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN) No. <u>Marlboro Hospital</u> STREET <u> </u> WARD <u> </u>		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN) Registered No. <u> </u>	
2 FULL NAME OF CHILD <u>Tina Gulbankian</u>					
3 Sex <u>Female</u> 3a Color <u>W</u>		4 (a) Twin, triplet or other <u> </u> (b) Number, in order of birth <u> </u>		5 Born ALIVE or STILLBORN <u>ALIVE</u>	
				6 Date of Birth <u>Nov 20 1934</u> (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME <u>George Gulbankian</u>			13 MOTHER MAIDEN NAME <u>Eva Miridian</u> PRESENT NAME <u>Gulbankian</u>		
8 RESIDENCE, No. <u>Cordaville Rd</u> STREET <u> </u> CITY OR TOWN <u>Southborough</u> STATE <u>MASS</u>			14 RESIDENCE, No. <u>Cordaville Rd</u> STREET <u> </u> CITY OR TOWN <u>Southborough</u> STATE <u>MASS</u>		
9 COLOR OR RACE <u>W</u>		10 AGE AT LAST BIRTHDAY <u>44</u> (YEARS)		15 COLOR OR RACE <u>W</u>	
				16 AGE AT LAST BIRTHDAY <u>36</u> (YEARS)	
11 PLACE OF BIRTH <u>Turkey</u> (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH <u>Turkey</u> (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION <u>farmer</u>			18 OCCUPATION <u>at home</u>		
19 SIGNATURE OF ATTENDANT AT BIRTH <u>M.O. Robbins</u> (NAME)			SIGNATURE OF ATTENDANT AT BIRTH <u>Dr Merriett</u> (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. <u>Sunte Hosp</u> STREET <u>Marlboro</u> <u>Dec 28 1934</u> (CITY OR TOWN)					
DATE <u>Dec 24 1934</u> (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>		
20 RECEIVED <u>116</u> <u>Dec 28 1934</u> (MONTH) (DAY) (YEAR)			21 RECEIVED <u> </u> (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN) NO. Framingham Union Hosp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN) Registered No.	
2 FULL NAME OF CHILD Josephine Frances Misener					
3 Sex fe 3a Color W		4 { (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....		5 Born ALIVE or STILLBORN alive	
				6 Date of Birth Dec. 4, 1934 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Lawrence Misener			13 MOTHER MAIDEN NAME Hilda Cody PRESENT NAME Misener		
8 RESIDENCE, No. Middle rd. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Middle rd. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 42 (YEARS)		15 COLOR OR RACE W	
				16 AGE AT LAST BIRTHDAY 37 (YEARS)	
11 PLACE OF BIRTH Framingham, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Whitefield, N.H. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Greenhouse			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH W. H. Gane M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)					
ADDRESS No. STREET Ashland (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 12/13/34 (MONTH) (DAY) (YEAR) 117 REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Middlesex

(COUNTY)

Framingham

(CITY OR TOWN)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

Framingham

(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

NO. Framingham Union Hosp. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Arnold Newton Spurr

 3 Sex m 4 (a) Twin, triplet or other. 5 Born ALIVE or STILLBORN 6 Date Dec. 15, 1934
 3a Color W If plural Births (b) Number, in order of birth. alive (MONTH) (DAY) (YEAR)

 7 FATHER FULL NAME Alton Spurr 13 MOTHER MAIDEN NAME Marjorie Newton
 PRESENT NAME Spurr

 8 RESIDENCE, No. Main STREET 14 RESIDENCE, No. Main STREET
 CITY OR TOWN Southboro STATE CITY OR TOWN Southboro STATE

9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 30 (YEARS) 15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 31 (YEARS)

11 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY) 17 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION Garage prop. 18 OCCUPATION h w

19 SIGNATURE OF ATTENDANT AT BIRTH J. Lowell Bacon M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. STREET Southboro (CITY OR TOWN)

DATE (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes

20 RECEIVED 12/27/34 (MONTH) (DAY) (YEAR) 21 RECEIVED (MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

 MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
 Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-'30. No. 605-e

1 PLACE OF BIRTH SUFFOLK (COUNTY) BOSTON (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		BOSTON (CITY OR TOWN MAKING THIS RETURN)	
NO. Baker Memorial Hospital STREET WARD				Registered No. 122 (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Katrina VanAlstyne Welles					
3 Sex F	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	1934
3a Color W		(b) Number, in order of birth	"	Jan 1 (MONTH)	1934 (YEAR)
7 FATHER FULL NAME Edward R			13 MOTHER NAME Catharina B. F. VanAlstyne PREST NAME " " Welles		
8 RESIDENCE, NO. St Mark's School STREET CITY OR TOWN Southborough STATE			14 RESIDENCE, NO. St Mark's School STREET CITY OR TOWN Southborough STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 27 (YEARS)	15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 28 (YEARS)			
11 PLACE OF BIRTH Cincinnati Ohio (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Kinderhook NY (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION clergyman		18 OCCUPATION at home			
19 SIGNATURE OF ATTENDANT AT BIRTH		P Gustafson (NAME) (PHYSICIAN, STATE OF MASSACHUSETTS)			
ADDRESS NO. -		STREET BOSTON (CITY OR TOWN)			
DATE Jan 1 (MONTH) (DAY)		1934 (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED Jan 10 1934 (MONTH) (DAY) (YEAR) Nels Pedstrom Quirk REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		21 RECEIVED April 6 1934 (MONTH) (DAY) (YEAR) B. F. VanAlstyne REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

STANDARD CERTIFICATE OF BIRTH

State File No. 812

Registered No. _____

1. PLACE OF BIRTH:

County Philadelphia State _____
Township _____ or Village _____
City Philadelphia No. Presbyterian Hospital St. _____ Ward. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Louise Eustis Barber

{ If child is not yet named, make supplemental report, as directed.

3. Sex

QIf plural
births

4. Twin, triplet, or other

X

6. Premature

Full term

7. Legitimate

yes

8. Date of birth

Jan 3
(Month, day, year)1935

9. Full name

FATHER

William Barber Jr

18. Full maiden name

MOTHER

Margaret Btton

10. Residence (usual place of abode)

(If nonresident, give place and State) Southern Mass

19. Residence (usual place of abode)

(If nonresident, give place and State) Southern Mass

11. Color or race

W

12. Age at last birthday

24 (years)

20. Color or race

W

21. Age at last birthday

24 (years)

13. Birthplace (city or place and State or country)

Leach

22. Birthplace (city or place and State or country)

Leach

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc15. Industry or business in which work was done, as silk mill, sawmill, bank, etc

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

, 193

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

, 193

27. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 0

28. If stillborn,

period of gestation

{months
{or weeks

29. Cause of stillbirth

alive at 10 3/4 a.m

Before labor

(During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

William Klucholsm

M. D.

or

Midwife

Given name added from

a supplemental report

(Date of)

120

Address

2023 Spruce St. Phila-Pa

Filed

Jan 111935J. Shuckler

Registrar.

Registrar.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS



Middlesex

(COUNTY)

Framingham

(CITY OR TOWN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1

PLACE OF BIRTH

NO. Framingham Union Hp. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Phillips (supplemental report not returned)

3 Sex m	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color W	If plural Births (b) Number, in order of birth	alive	January 20, 1935 (MONTH) (DAY) (YEAR)

7 FATHER FULL NAME Michael Phillips	13 MOTHER MAIDEN NAME Lena Martone PRESENT NAME Phillips
--	--

8 RESIDENCE, No. Leonard STREET	14 RESIDENCE, No. Leonard STREET
CITY OR TOWN Southboro STATE	CITY OR TOWN Southboro STATE

9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 27 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 20 (YEARS)
--------------------------	---	---------------------------	---

11 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)	17 PLACE OF BIRTH Conn. (CITY OR TOWN) (STATE OR COUNTRY)
--	---

12 OCCUPATION Plant manager	18 OCCUPATION h w
------------------------------------	--------------------------

19 SIGNATURE OF ATTENDANT AT BIRTH	Richard M. Raymond M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)
------------------------------------	---

ADDRESS No. 1/21/35	STREET Framingham (CITY OR TOWN)
DATE (MONTH) (DAY) (YEAR)	DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes

20 RECEIVED 1/30/35 (MONTH) (DAY) (YEAR)	21 RECEIVED (MONTH) (DAY) (YEAR)
--	-------------------------------------

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

SUPPLEMENTAL REPORT OF BIRTH

NOTICE—Return this blank properly filled out, to the City or Town Clerk of the town in which the birth occurred, or in Boston to the City Registrar

PLEASE REPLY AT ONCE!

PARENTS WITHIN FORTY DAYS MUST REPORT BIRTH

What is the name of your ^{son}~~daughter~~ born on Jan 22 1935
Month Day Year

Print or type name of child here Tokor Phillips
First name Middle name Last name

NAME OF FATHER Michael J. MAIDEN NAME OF MOTHER Lena Martone

REMEMBER YOU ARE RESPONSIBLE FOR RECORDING THIS INFORMATION

SEE LAW ON OTHER SIDE

Sign your name here Michael J. Phillips
Father or mother

Your address here Leaned St. Fyville Mass.

and send to the city, town clerk or registrar of the town in which the birth occurred, at once.

122

NOTICE—Return this blank, properly filled out immediately

OVER

MARGIN FOR BINDING

WILLIAM S. WALSH

Framingham, Mass.
City or Town Clerk

Supply the information and send to

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number) (supplemental report not returned)					
2 FULL NAME OF CHILD Bagley not returned					
3 Sex m	4 { (a) Twin, triplet or other. If plural Births (b) Number, in order of birth	5 Born ALIVE or STILLBORN alive	6 Date of Birth	January 25, 1935 (MONTH) (DAY) (YEAR)	
3a Color W					
7 FATHER FULL NAME Joseph Bagley			13 MOTHER MAIDEN NAME Bridie Sheahan PRESENT NAME Bagley		
8 RESIDENCE, No. Walker STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Walker STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 35 (YEARS)	15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 37 (YEARS)			
11 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Ireland (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Chauffeur			18 OCCUPATION hw		
19 SIGNATURE OF ATTENDANT AT BIRTH Benjamin S. Wood (NAME)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. 1/26/35 STREET Weston (CITY OR TOWN)					
DATE 1/26/35 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 1/30/35 (MONTH) (DAY) (YEAR) Wm. S. Walsh			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-'31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD Barbara Marie Borelli					
3 Sex fe	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date	
3a Color W		(b) Number, in order of birth	alive	of Birth Jan. 31, 1935	(MONTH) (DAY) (YEAR)
7 FATHER FULL NAME Primo Borelli			18 MOTHER MAIDEN NAME Josephine Fedolfi PRESENT NAME Borelli		
8 RESIDENCE, No. Turnpike rd. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Turnpike rd. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 28 (YEARS)	15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 28 (YEARS)
11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Framingham, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Chauffeur		18 OCCUPATION h w			
19 SIGNATURE OF ATTENDANT AT BIRTH		J. Lowell Bacon M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No.		STREET Southboro (CITY OR TOWN)			
DATE		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?			
(MONTH) (DAY) (YEAR)					
20 RECEIVED 24 2/5/35 (MONTH) (DAY) (YEAR)			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH		Middlesex (COUNTY)		Framingham (CITY OR TOWN)		Framingham (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD		George Aselbekian					
3 Sex m	4 (a) Twin, triplet or other If plural Births	5 Born ALIVE or STILLBORN alive		6 Date of Birth	Feb. 5, 1935 (MONTH) (DAY) (YEAR)		
3a Color W	(b) Number, in order of birth						
7 FATHER FULL NAME Eghia Aselbekian				13 MOTHER MAIDEN NAME Zorthoehe Antreasian PRESENT NAME Aselbekian			
8 RESIDENCE, No. Woodland rd. CITY OR TOWN Southboro STATE				14 RESIDENCE, No. Woodland rd. CITY OR TOWN Southboro STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 41 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 28 (YEARS)	
11 PLACE OF BIRTH Armenia (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Armenia (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Farmer				18 OCCUPATION h w			
19 SIGNATURE OF ATTENDANT AT BIRTH R. S. Morse (NAME)				M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No.				STREET Framingham (CITY OR TOWN)			
DATE 2/6/35 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 25 2/9/35 (MONTH) (DAY) (YEAR) W. A. Walsh				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp.				STREET WARD	
2 FULL NAME OF CHILD Hilditch (Supplemental report returned "unclaimed")					
3 Sex ☒ Male	4 If plural Births ☐	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN ☒ alive	6 Date of Birth	March 24, 1935
3a Color ☒ W	(b) Number, in order of birth			(MONTH)	(DAY) (YEAR)
7 FATHER FULL NAME John Hilditch			13 MOTHER MAIDEN NAME Theresa Brennan PRESENT NAME Hilditch		
8 RESIDENCE, No. Cordaville rd. STREET			14 RESIDENCE, No. Cordaville rd. STREET		
CITY OR TOWN Southboro STATE			CITY OR TOWN Southboro STATE		
9 COLOR OR RACE ☒ W	10 AGE AT LAST BIRTHDAY 26 (YEARS)		15 COLOR OR RACE ☒ W	16 AGE AT LAST BIRTHDAY 25 (YEARS)	
11 PLACE OF BIRTH England (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Framingham, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Gas. shovel opr.			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam (NAME) M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)					
ADDRESS No. STREET			Framingham (CITY OR TOWN)		
DATE 3/25/35 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? ☒ yes		
20 RECEIVED 126 3/28/35 (MONTH) (DAY) (YEAR) W. S. Walsh			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

FORM R-6

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

1		PLACE OF BIRTH		WORCESTER (COUNTY) WORCESTER (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		WORCESTER (CITY OR TOWN MAKING THIS RETURN) Registered No.			
2		FULL NAME OF CHILD		NO. <u>Memorial Hosp</u> STREET WARD		(If birth occurred in a hospital or institution, give its NAME instead of street and number)					
3		Sex <u>F</u>		4		(a) Twin, triplet or other		5		Born ALIVE or STILLBORN	
3a		Color <u>W</u>		If plural Births		(b) Number, in order of birth		Alive (MONTH) (DAY) (YEAR)		Date <u>April 2, 1935</u> of Birth (MONTH) (DAY) (YEAR)	
7		FATHER		13		MOTHER					
FULL NAME		<u>Haveland A Fay</u>		MAIDEN NAME		<u>Mary A Ashworth</u>					
				PRESENT NAME		<u>Mary A Fay</u>					
8		RESIDENCE, No. <u>Middle Rd</u> STREET		14		RESIDENCE, No. <u>Middle Rd</u> STREET					
CITY OR TOWN		<u>Southboro</u> STATE <u>Mass</u>		CITY OR TOWN		<u>Southboro</u> STATE <u>Mass</u>					
9		COLOR OR RACE <u>W</u>		10		AGE AT LAST BIRTHDAY <u>27</u> (YEARS)					
11		PLACE OF BIRTH <u>Norton</u>		15		COLOR OR RACE <u>W</u>		16		AGE AT LAST BIRTHDAY <u>28</u> (YEARS)	
		(CITY OR TOWN) (STATE OR COUNTRY)		17		PLACE OF BIRTH <u>Melrose</u>				(CITY OR TOWN) (STATE OR COUNTRY)	
12		OCCUPATION <u>Gas Station Attendant</u>		18		OCCUPATION <u>Housewife</u>					
19		SIGNATURE OF ATTENDANT AT BIRTH		19		SIGNATURE OF ATTENDANT AT BIRTH					
		<u>George H Stone M D Supt</u>				<u>George H Stone M D Supt</u>					
		(NAME)				(NAME)					
ADDRESS No. <u>Memorial Hosp</u>		STREET <u>Worcester</u>		ADDRESS No. <u>Memorial Hosp</u>		STREET <u>Worcester</u>					
		(CITY OR TOWN)		ADDRESS No. <u>Memorial Hosp</u>		STREET <u>Worcester</u>					
DATE		(MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?		<u>No</u>					
20		RECEIVED <u>127</u> <u>Apr 6, 1935</u>		21		RECEIVED <u>may 9 35</u>					
		(MONTH) (DAY) (YEAR)				(MONTH) (DAY) (YEAR)					
		<u>Malcolm C Midgley</u>				<u>Th. Sanborn</u>					
		REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE					

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-'31. No. 3385-c

1 PLACE OF BIRTH		Middlesex (COUNTY)		Framingham (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO.		Framingham Union Hosp.		STREET		WARD		Registered No. <u>29</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME OF CHILD <u>Roger Augustine Ivis</u>											
3 Sex <u>m</u>		4 If plural Births		(a) Twin, triplet or other		5 Born ALIVE or STILLBORN <u>alive</u>		6 Date of Birth <u>April 22, 1935</u> (MONTH) (DAY) (YEAR)			
3a Color <u>W</u>											
7 FULL NAME FATHER <u>Michael A. Ivis</u>				13 MAIDEN NAME MOTHER <u>Gladys E. Wolfkiel</u> PRESENT NAME <u>Ivis</u>							
8 RESIDENCE, No. <u>Southville rd.</u> STREET				14 RESIDENCE, No. <u>Southville rd.</u> STREET							
CITY OR TOWN <u>Southboro</u> STATE				CITY OR TOWN <u>Southboro</u> STATE							
9 COLOR OR RACE <u>W</u>				10 AGE AT LAST BIRTHDAY <u>34</u> (YEARS)				15 COLOR OR RACE <u>W</u>			
								16 AGE AT LAST BIRTHDAY <u>32</u> (YEARS)			
11 PLACE OF BIRTH <u>Ireland</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>Jersey City, N. J.</u> (CITY OR TOWN) (STATE OR COUNTRY)							
12 OCCUPATION <u>Laborer</u>				18 OCCUPATION <u>hw</u>							
19 SIGNATURE OF ATTENDANT AT BIRTH				<u>Joseph C. Merriam M.D.</u> (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.) <u>Framingham</u> (CITY OR TOWN)							
ADDRESS No.				STREET							
DATE				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>							
(MONTH) (DAY) (YEAR)											
20 RECEIVED <u>128</u> <u>4/26/35</u> (MONTH) (DAY) (YEAR)				21 RECEIVED (MONTH) (DAY) (YEAR)							
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE							

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH		Middlesex (COUNTY)		Framingham (CITY OR TOWN)		Framingham (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD		LaGaccia					
3 Sex	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date				
Male		alive	May 2, 1935				
3a Color W	If plural Births	(b) Number, in order of birth	(MONTH)	(DAY)	(YEAR)		
7 FATHER		13 MOTHER					
FULL NAME		MAIDEN NAME					
Anthony LaGaccia		Marguerite Ranzi					
8 RESIDENCE, No.		14 RESIDENCE, No.					
CITY OR TOWN		CITY OR TOWN					
Southboro		Southboro					
9 COLOR OR RACE		10 AGE AT LAST BIRTHDAY		15 COLOR OR RACE		16 AGE AT LAST BIRTHDAY	
W		26		W		19	
11 PLACE OF BIRTH		17 PLACE OF BIRTH					
Italy		Marlboro, Mass.					
(CITY OR TOWN)		(CITY OR TOWN)		(STATE OR COUNTRY)			
12 OCCUPATION		18 OCCUPATION					
Shoe repairer		h w					
19 SIGNATURE OF ATTENDANT AT BIRTH		21 RECEIVED					
William J. Dahill		(MONTH)		(DAY)		(YEAR)	
(NAME)		5/11/35		5/11/35		5/11/35	
ADDRESS No.		STREET		CITY OR TOWN			
Wayland		Wayland		Wayland			
DATE		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?					
5/2/35		yes					
(MONTH)		(DAY)		(YEAR)			
20 RECEIVED		21 RECEIVED					
(MONTH)		(MONTH)		(DAY)		(YEAR)	
5/11/35		5/11/35		5/11/35		5/11/35	
(DAY)		(DAY)		(YEAR)		(YEAR)	
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE					

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-'31. No. 3385-c

1 PLACE OF BIRTH		Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
1		Framingham (CITY OR TOWN)				COPY OF CERTIFICATE OF BIRTH	
NO.		Framingham Union Hosp.				STREET	
2 FULL NAME OF CHILD..... Edward Alderson Baker							
3 Sex <u>m</u>		4 If plural Births		5 Born ALIVE or STILLBORN <u>alive</u>		6 Date of Birth <u>May 17, 1935</u> (MONTH) (DAY) (YEAR)	
3a Color <u>W</u>		(a) Twin, triplet or other.....		(b) Number, in order of birth.....			
7 FATHER FULL NAME <u>C. Edward Baker</u>				13 MOTHER MAIDEN NAME <u>Mary Alderson</u> PRESENT NAME <u>Baker</u>			
8 RESIDENCE, No. <u>Newton & Cross</u> STREET CITY OR TOWN <u>Southboro</u> STATE				14 RESIDENCE, No. <u>Newton & Cross</u> STREET CITY OR TOWN <u>Southboro</u> STATE			
9 COLOR OR RACE <u>W</u>		10 AGE AT LAST BIRTHDAY <u>35</u> (YEARS)		15 COLOR OR RACE <u>W</u>		16 AGE AT LAST BIRTHDAY <u>35</u> (YEARS)	
11 PLACE OF BIRTH <u>Everett, Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>Middleboro, Conn.</u> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <u>Welder</u>				18 OCCUPATION <u>h w</u>			
19 SIGNATURE OF ATTENDANT AT BIRTH..... (NAME) <u>J. Lowell Bacon</u> (PHYSICIAN, PARENT OR OTHER, ETC.) <u>M.D.</u>				ADDRESS No. STREET <u>Southboro</u> (CITY OR TOWN)			
DATE (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?			
20 RECEIVED <u>130</u> <u>5/25/35</u> (MONTH) (DAY) (YEAR) <u>W. A. Baker</u>				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Town of Southboro.

All names to be in full.

Date of Birth June 1, 1935
 Full Name of Child Louisa Prosperi
 Sex, Color, and if Twin Female, white Born alive? yes
 Place of Birth Marlboro Rd Southboro Ward
 Street and Number, if any
 Full Name of Father Louis Prosperi Age 40
 Maiden Name of Mother Eliza Maggi Age 38
 Residence of Parents Marlboro Rd. Southboro Ward
 Street and Number, if any
 Occupation of Father Laborer
 Occupation of Mother Housewife
 Birthplace of Father Italy
 Birthplace of Mother Italy

Dated at Marlborough, July 1, 1935

I did personally attend the birth.

 132
 Signature of person making
 return or in attendance
 at birth.

W. J. McManey M.D.

Recd March 6-1936

Dr. J. McManey

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

All names to be in full.

Date of Birth . . . June 11, 1935
 Full Name of Child . . . Louise Properi
 Sex, Color, and if Twin Female - white Born alive? yes
 Place of Birth . . . Newton St. Southboro Ward
 Street and Number, if any
 Full Name of Father . . . Louis Properi Age 40
 Maiden Name of Mother Elizabeth Maji Age 38
 Residence of Parents . . . Newton St. Southboro Ward
 Street and Number, if any
 Occupation of Father . . . Laborer
 Occupation of Mother . . . Housewife
 Birthplace of Father . . . Italy
 Birthplace of Mother . . . Italy

133
 Dated at Marlborough, June 10, 1935
 I did personally attend the birth.

Signature of person making
 return or in attendance
 at birth. } W. J. McManey M.D.

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

All names to be in full.

Date of Birth	June 1, 1935	
Full Name of Child	Louise Troopers	
Sex, Color, and if Twin	Female, white	Born alive? ☒ yes
Place of Birth	Newton St. South ^{Ward}	
	Street and Number, if any	
Full Name of Father	Louis Troopers	Age 39
Maiden Name of Mother	Margi, Elizabeth	Age 38
Residence of Parents	Newton St. South ^{Ward}	
	Street and Number, if any	
Occupation of Father	Laborer	
Occupation of Mother	Housewife	
Birthplace of Father	Italy	
Birthplace of Mother	Italy	

Dated at Marlborough, June 15, 1935

I did personally attend the birth.

131
 Signature of person making return or in attendance at birth } W. J. Heblinger

Revised Sept 6-1940.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(CITY OR TOWN MAKING THIS RETURN)

(COUNTY)
MARLBOROUGH

(CITY OR TOWN)

Marlboro Hospital

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH

NO. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Galer Hervey Perreault

3 Sex **male** 4 { (a) Twin, triplet or other. 5 Born ALIVE or STILLBORN 6 Date
3a Color **W** If plural Births (b) Number, in order of birth **alive** of Birth **June 26 1935**
(MONTH) (DAY) (YEAR)

7 FATHER
FULL NAME **Hervey A. Perreault**

13 MOTHER
MAIDEN NAME **Bernice M. Galer**
PRESENT NAME **Perreault**

8 RESIDENCE, No. **School** STREET
CITY OR TOWN **Southborough** STATE **Mass**

14 RESIDENCE, No. **School** STREET
CITY OR TOWN **Southborough** STATE **Mass**

9 COLOR OR RACE **W** 10 AGE AT LAST BIRTHDAY **24** (YEARS)

15 COLOR OR RACE **W** 16 AGE AT LAST BIRTHDAY **27** (YEARS)

11 PLACE OF BIRTH **Marlborough Mass.**
(CITY OR TOWN) (STATE OR COUNTRY)

17 PLACE OF BIRTH **Canada**
(CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION **shoe worker**

18 OCCUPATION **at home**

19 SIGNATURE OF ATTENDANT AT BIRTH **M.O. Robbins**
(NAME)

Dr. LeMarbre
(PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. **Sect Hosp** STREET (CITY OR TOWN) **yes**

DATE (MONTH) **July** (DAY) **1** (YEAR) **1935** DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? **yes**

20 RECEIVED **July 15 1935**
(MONTH) (DAY) (YEAR)

21 RECEIVED
(MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hospital STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD Jane Marion Oghidarian					
3 Sex fe	4 { (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth July 7, 1935 (MONTH) (DAY) (YEAR)		
3a Color W	7 FATHER FULL NAME James K. Oghidarian		13 MOTHER MAIDEN NAME Alice Hajian PRESENT NAME Oghidarian		
8 RESIDENCE, No. Framingham rd. STREET CITY OR TOWN Southboro STATE		14 RESIDENCE, No. Framingham rd. STREET CITY OR TOWN Southboro STATE			
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 38 (YEARS)	15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 31 (YEARS)	
11 PLACE OF BIRTH Armenia (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Armenia (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Gas station		18 OCCUPATION h w			
19 SIGNATURE OF ATTENDANT AT BIRTH William J. Dahill M.D. (NAME)		(PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS NO.		STREET Wayland (CITY OR TOWN)			
DATE 7/8/35 (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 7/16/35 135 (MONTH) (DAY) (YEAR) W. S. Walsh		21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If you canvass for information from persons now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH		MIDDLESEX (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
		MARLBOROUGH (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
		Marlboro Hospital		NO. STREET WARD		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
		Harland Leroy Johnson		2 FULL NAME OF CHILD			
3 Sex male	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	July	14	1935
3a Color W		(b) Number, in order of birth	alive	(MONTH)	(DAY)	(YEAR)	
7 FATHER FULL NAME Gordon Johnson				13 MOTHER MAIDEN NAME Florence Richards PRESENT NAME Johnson			
8 RESIDENCE, No. STREET CITY OR TOWN Southborough STATE Mass				14 RESIDENCE, No. STREET CITY OR TOWN Southborough STATE Mass			
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 24	(YEARS)		15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 24	(YEARS)	
11 PLACE OF BIRTH Southborough Mass (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Forest City Pa (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION truck driver				18 OCCUPATION at home			
19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins (NAME)				Dr. Merrill (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. STREET Supt Hosp (CITY OR TOWN)							
DATE (MONTH) July 18 (YEAR) 1935				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 136 August 14 1935 (MONTH) (DAY) (YEAR)				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-30. No. 605-e

1 PLACE OF BIRTH		MIDDLESEX (COUNTY)		NEWTON (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		NEWTON (CITY OR TOWN MAKING THIS RETURN)		Registered No. #30	
NO.		Newton Hospital		STREET 5		WARD		(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME OF CHILD John Bissell Mott											
3 Sex Male		(a) Twin, triplet or other		5 Born ALIVE or STILLBORN Alive		6 Date of Birth July 16 1935					
3a Color W		(b) Number, in order of birth				(MONTH) (DAY) (YEAR)					
7 FATHER FULL NAME Raymond A Mott						13 MOTHER MAIDEN NAME Eleanor L Bissell PRESENT NAME Eleanor L Mott					
8 RESIDENCE, NO. Sears Rd STREET CITY OR TOWN Southborough STATE Mass						14 RESIDENCE, NO. Sears Rd STREET CITY OR TOWN Southborough STATE Mass					
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 35 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 33 (YEARS)					
11 PLACE OF BIRTH Medford Mass (CITY OR TOWN) (STATE OR COUNTRY)						17 PLACE OF BIRTH Ahmadnagar, Bombay Presidency, India. (CITY OR TOWN) (STATE OR COUNTRY)					
12 OCCUPATION Salesman						18 OCCUPATION Housewife					
19 SIGNATURE OF ATTENDANT AT BIRTH G Elliott May (NAME) ADDRESS No. 201 Bay State Rd STREET (CITY OR TOWN) Boston						Physician (PHYSICIAN, PARENT OR OTHER, ETC.)					
DATE July 17 1935 (MONTH) (DAY) (YEAR)						DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? --					
20 RECEIVED July 17 1935 (MONTH) (DAY) (YEAR) 137						21 RECEIVED (MONTH) (DAY) (YEAR)					
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED						REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE					

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD Edward Blood					
3 Sex M	4 If plural Births { (a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth July 26, 1935		
3a Color W	(b) Number, in order of birth.....		(MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME Donald R. Blood			13 MOTHER MAIDEN NAME Ethel M. Lincoln PRESENT NAME Blood		
8 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 36 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 26 (YEARS)		
11 PLACE OF BIRTH Belfast, Me. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Truck driver			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH William J. Dahill M.D. (NAME) ADDRESS No. STREET Wayland (CITY OR TOWN)			(PHYSICIAN, PARENT OR OTHER, ETC.)		
DATE 7/30/35 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 138 8/1/35 (MONTH) (DAY) (YEAR) W. J. Walsh			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN) Marlboro Hospital NO. Gloria Aspesi				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
COPY OF CERTIFICATE OF BIRTH Registered No.				(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME OF CHILD Gloria Aspesi							
3 Sex female	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN ALIVE	6 Date of Birth	July 27	1935	(MONTH) (DAY) (YEAR)
7 FULL NAME Peter M. Aspesi	FATHER			13 MOTHER Rose Bianchi Aspesi			
8 RESIDENCE, No. Turnpike Rd	STREET			14 RESIDENCE, No. Turnpike Rd			STREET
CITY OR TOWN Payville	STATE Mass			CITY OR TOWN Payville			STATE Mass
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 27	(YEARS)			15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 29	(YEARS)
11 PLACE OF BIRTH Italy	(CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Payville Mass.	(CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION laborer				18 OCCUPATION at home			
19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins (NAME)				Drl Merrill (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. Supt Hosp				STREET Marlboro (CITY OR TOWN)			
DATE Aug 1 1935 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED Aug 22 1935 (MONTH) (DAY) (YEAR) P.D. Murphy				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31, No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD baby Daughan					
3 Sex m	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN stillborn	6 Date of Birth August 4, 1935		
3a Color W	If plural Births	(b) Number, in order of birth	(MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME James Daughan			13 MOTHER MAIDEN NAME Marguerite Gobielle PRESENT NAME Daughan		
8 RESIDENCE, No. Marlboro rd, STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Marlboro rd, STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 35 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 31 (YEARS)		
11 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Williamstown, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Tailor			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH D. W. Heffernan (NAME)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET			Framingham (CITY OR TOWN)		
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 8/7/35 140 (MONTH) (DAY) (YEAR) Wm. J. Walsh REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD Mary Elizabeth Armstrong					
3 Sex fe	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth Aug. 9, 1935	
3a Color W		(b) Number, in order of birth.....		(MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME George Armstrong			13 MOTHER MAIDEN NAME Hazel Frampton PRESENT NAME Armstrong		
8 RESIDENCE, No. Newton STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Newton STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 26 (YEARS)	15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 25 (YEARS)	
11 PLACE OF BIRTH Ireland (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Newfoundland (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Packer		18 OCCUPATION h w			
19 SIGNATURE OF ATTENDANT AT BIRTH		Joseph C. Merriam M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. 8/13/35		STREET Framingham (CITY OR TOWN)			
DATE (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 8/14/35 (MONTH) (DAY) (YEAR) 141 Wm. L. Walcott REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
COPY OF CERTIFICATE OF BIRTH				Registered No.			
2 FULL NAME OF CHILD Ronald James / Malcolm /		NO. Marlboro Hospital		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3 Sex male	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN ALIVE	6 Date of Birth	Aug 11 1935 (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME James E. / Malcolm / Malcolm				13 MOTHER MAIDEN NAME PRESENT NAME Ella E. Pendleton Malcolm			
8 RESIDENCE, No. Winter St. CITY OR TOWN Fayville STATE				14 RESIDENCE, No. Winter CITY OR TOWN Fayville STATE			
9 COLOR OR RACE		10 AGE AT LAST BIRTHDAY	15 COLOR OR RACE		16 AGE AT LAST BIRTHDAY		
		25 (YEARS)			19 (YEARS)		
11 PLACE OF BIRTH Adrian W. Virginia (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Fayville Mass (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION farmer				18 OCCUPATION at home			
19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins (NAME)				Dr. Giles (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No. Supt Hosp				STREET Marlboro (CITY OR TOWN)			
DATE Aug 15 1935 (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 142 Sept 4 1935 (MONTH) (DAY) (YEAR)				21 RECEIVED F.B. Murphy (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-30. No. 605-e

1 PLACE OF BIRTH		SUFFOLK (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (CITY OR TOWN MAKING THIS RETURN)	
1		BOSTON (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No. 10707	
2		The Faulkner Hospital		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Scott Aiken							
3 Sex M		4 (a) Twin, triplet or other		5 Born ALIVE or STILLBORN		6 Date of Birth Aug. 31, 1935	
3a Color W		If plural Births (b) Number, in order of birth				(MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Harold Aiken				13 MOTHER MAIDEN NAME Doris Lillian Piper PRESENT NAME Aiken			
8 RESIDENCE, No. Newton STREET CITY OR TOWN Southborough STATE Mass.				14 RESIDENCE, No. Newton STREET CITY OR TOWN Southborough STATE Mass.			
9 COLOR OR RACE White		10 AGE AT LAST BIRTHDAY 40 (YEARS)		15 COLOR OR RACE White		16 AGE AT LAST BIRTHDAY 35 (YEARS)	
11 PLACE OF BIRTH Boston, Mass. (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Troy, N. H. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Time study clerk				18 OCCUPATION Housewife			
19 SIGNATURE OF ATTENDANT AT BIRTH R. S. Titus (NAME)				(PHYSICIAN, CHURCHMAN, ETC.)			
ADDRESS No. 472 Commonwealth Ave., STREET				BOSTON (CITY OR TOWN)			
DATE Aug. 31, 1935 (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes					
20 RECEIVED 143 Sept. 6, 1935 (MONTH) (DAY) (YEAR)				21 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED Hedra Hedstrom Quirk				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN) Registered No.	
NO. <u>Marlboro Hospital</u> STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2 FULL NAME OF CHILD <u>Francis John Rossi Jr</u>					
3 Sex <u>male</u> Sa Color <u>W</u>	4 (a) Twin, triplet or other If plural Births (b) Number, in order of birth	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth <u>Sept 14 1935</u> (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME <u>Frank Rossi</u>			13 MOTHER MAIDEN NAME <u>Lena Bartolina</u> PRESENT NAME <u>Rossi</u>		
8 RESIDENCE, No. STREET CITY OR TOWN <u>Fayville</u> STATE <u>Mass</u>			14 RESIDENCE, No. STREET CITY OR TOWN <u>Fayville</u> STATE <u>Mass</u>		
9 COLOR OR RACE <u>W</u>	10 AGE AT LAST BIRTHDAY <u>28</u> (YEARS)	15 COLOR OR RACE <u>W</u>	16 AGE AT LAST BIRTHDAY <u>21</u> (YEARS)		
11 PLACE OF BIRTH <u>Fayville</u> <u>Mass</u> (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH <u>Southborough</u> <u>Mass</u> (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION <u>truck driver</u>			18 OCCUPATION <u>at home</u>		
19 SIGNATURE OF ATTENDANT AT BIRTH <u>M.O. Robbins</u> (NAME)			Dr. Merrill (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. <u>Supt Hosp</u> STREET <u>Marlborough</u> (CITY OR TOWN)					
DATE <u>Sept 30 1935</u> (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>		
20 RECEIVED <u>144</u> <u>Oct 14 1935</u> (MONTH) (DAY) (YEAR) <u>FEB Murphy</u>			21 RECEIVED (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
COPY OF CERTIFICATE OF BIRTH				Registered No.			
NO. <u>Marlboro Hospital</u>		STREET		WARD {		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <u>David Alan Wiles</u>							
3 Sex <u>male</u> 3a Color <u>W</u>	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN <u>ALIVE</u>	6 Date of Birth	<u>Oct</u> <u>1</u> <u>1935</u>	(MONTH)	(DAY) (YEAR)
7 FATHER FULL NAME <u>Charles Wiles</u>		13 MOTHER MAIDEN NAME <u>Lillian Johnson</u> PRESENT NAME <u>Wiles</u>					
8 RESIDENCE, No. <u>Leonard</u> STREET		14 RESIDENCE, No. <u>Leonard</u> STREET					
CITY OR TOWN <u>Fayville</u> STATE <u>MASS</u>		CITY OR TOWN <u>Fayville</u> STATE <u>MASS</u>					
9 COLOR OR RACE <u>W</u>	10 AGE AT LAST BIRTHDAY <u>51</u> (YEARS)	15 COLOR OR RACE <u>W</u>	16 AGE AT LAST BIRTHDAY <u>39</u> (YEARS)				
11 PLACE OF BIRTH <u>Nova Scotia</u> (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH <u>Pueblo Colorado</u> (CITY OR TOWN) (STATE OR COUNTRY)					
12 OCCUPATION <u>Carpenter</u>		18 OCCUPATION					
19 SIGNATURE OF ATTENDANT AT BIRTH <u>M.O. Robbins</u> (NAME)		19 SIGNATURE OF ATTENDANT AT BIRTH <u>Dr. LeMarbre</u> (PHYSICIAN, PARENT OR OTHER, ETC.)					
ADDRESS No. <u>Supt Hosp</u> STREET <u>Marlborough</u>		CITY OR TOWN <u>Marlborough</u>					
DATE <u>Oct 10 1935</u> (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>					
20 RECEIVED <u>145</u> <u>Oct 30 1935</u> (MONTH) (DAY) (YEAR) <u>F B Murphy</u>		21 RECEIVED					
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE					

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD				Registered No.	
2 FULL NAME OF CHILD Philip Backlund					
3 Sex M	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date Oct. 31, 1935		
3a Color W	If plural Births (b) Number, in order of birth	alive	Date of Birth (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME Alfred Backlund			13 MOTHER MAIDEN NAME Dorothy Jones PRESENT NAME Backlund		
8 RESIDENCE, No. Marlboro rd. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Marlboro rd. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 30 (YEARS)	15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 26 (YEARS)
11 PLACE OF BIRTH England (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH No. Chelmsford, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Herdman			18 OCCUPATION hw		
19 SIGNATURE OF ATTENDANT AT BIRTH Albert S. Owen M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)			Framingham (CITY OR TOWN)		
ADDRESS No. STREET			DATE (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 11/5/35 (MONTH) (DAY) (YEAR) W. S. Walsh REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED January 10, 1936 (MONTH) (DAY) (YEAR) Framingham REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

THE COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH.

All names to be in full.

Date of Birth	Nov 1, 1935	
Full Name of Child . .	ELMER PATRICK HENRY	
Sex, Color, and if Twin	male, white	Born alive? yes
Place of Birth	Newton St. Southboro Mass	
	Street and Number, if any	
Full Name of Father . .	Elmer Fred Henry	Age 39
Maiden Name of Mother	Lena R. Miner	Age 33
Residence of Parents . .	Newton St. Southboro	
	Street and Number, if any	
Occupation of Father . .	Farmer	
Occupation of Mother . .	At home	
Birthplace of Father . .	LuVerne, Vermont	
Birthplace of Mother . .	Gilford "	

Dated at Marlborough, Nov 5 1935

I did personally attend the birth.

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Signature of person making return or in attendance at birth } Dr. C. W. Smith

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD				Registered No.	
2 FULL NAME OF CHILD Robert Gordon Warwick					
3 Sex M	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN alive	6 Date of Birth	Nov. 1, 1935 (MONTH) (DAY) (YEAR)
3a Color W	(b) Number, in order of birth				
7 FATHER FULL NAME Edward Warwick			13 MOTHER MAIDEN NAME Mary Dudley PRESENT NAME Warwick		
8 RESIDENCE, No. Woodland rd. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Woodland rd. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 38 (YEARS)		15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 39 (YEARS)	
11 PLACE OF BIRTH England (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH So. Royalston Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Poultryman			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam M.D. (NAME)			(PHYSICIAN, PARENT OR OTHER, ETC.) Framingham (CITY OR TOWN)		
ADDRESS No. STREET			yes		
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?		
20 RECEIVED 148 11/5/35 (MONTH) (DAY) (YEAR)			21 RECEIVED January 10, 1936 (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH MIDDLESEX (COUNTY) MARLBOROUGH (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		MARLBOROUGH (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD George Theodore Campbell		COPY OF CERTIFICATE OF BIRTH		Registered No.	
3 Sex male 3a Color W		4 (a) Twin, triplet or other. (b) Number, in order of birth.		5 Born ALIVE or STILLBORN alive	
6 Date of Birth Nov 15 1935 (MONTH) (DAY) (YEAR)					
7 FATHER FULL NAME Edward N. Campbell		18 MOTHER MAIDEN NAME Eleanor A. Prosser PRESENT NAME Campbell			
8 RESIDENCE, No. Central St. CITY OR TOWN Fayville STATE MASS.		14 RESIDENCE, No. Central St. CITY OR TOWN Fayville STATE MASS.			
9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 30 (YEARS)		15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 24 (YEARS)			
11 PLACE OF BIRTH Brockton Mass (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Portage Me (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION gas station attendant		18 OCCUPATION at home			
19 SIGNATURE OF ATTENDANT AT BIRTH McO. Robbins (NAME) Supt Hosp		Dr. Merrill (PHYSICIAN, PARENT OR OTHER, ETC.) MARLBOROUGH (CITY OR TOWN)			
ADDRESS No. DATE Nov 20 1935 (MONTH) (DAY) (YEAR)		STREET DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED Nov 26 1935 (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		21 RECEIVED Nov 26 1935 (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31, No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD				Registered No.	
2 FULL NAME OF CHILD Matilda Anna Rinaldo					
3 Sex fe 3a Color W	4 If plural Births fe	(a) Twin, triplet or other..... (b) Number, in order of birth.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth Nov. 24, 1935 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Orazio Rinaldo			13 MOTHER MAIDEN NAME Jennie Sawtell PRESENT NAME Rinaldo		
8 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 45 (YEARS)		15 COLOR OR RACE W	
11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY 39 (YEARS)		17 PLACE OF BIRTH Boston, Mass. (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION Farmer			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH W. H. Gane (NAME)			M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. STREET Ashland (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
20 RECEIVED 150 11/26/35 (MONTH) (DAY) (YEAR)			21 RECEIVED January 10, 1936 (MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp.				Registered No.	
2 FULL NAME OF CHILD Robert Gordon Amey					
3 Sex m	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	
3a Color W		(b) Number, in order of birth	alive	Nov. 28, 1935	
			(MONTH)	(DAY)	(YEAR)
7 FATHER FULL NAME Samuel B. Amey			13 MOTHER MAIDEN NAME Muriel McKay PRESENT NAME Amey		
8 RESIDENCE, No. Ashland rd.			14 RESIDENCE, No. Ashland rd.		
CITY OR TOWN Southboro			CITY OR TOWN Southboro		
STATE			STATE		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 23		15 COLOR OR RACE W	
		(YEARS)		16 AGE AT LAST BIRTHDAY 18	
				(YEARS)	
11 PLACE OF BIRTH Philadelphia, Pa.			17 PLACE OF BIRTH Nova Scotia		
(CITY OR TOWN) (STATE OR COUNTRY)			(CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Electro-plater			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH L. F. Playse			M.D.		
(NAME)			(PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. 11/29/35			STREET Hopkinton		
			(CITY OR TOWN)		
DATE 11/29/35			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
(MONTH) (DAY) (YEAR)					
20 RECEIVED 151 12/2/35			21 RECEIVED January 10, 1936		
(MONTH) (DAY) (YEAR)			(MONTH) (DAY) (YEAR)		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

THE COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A BIRTH

TO THE CLERK OF THE ~~CITY OF MARLBOROUGH~~
TOWN OF SOUTHBORO.*All names to be in full.*

Date of Birth	Dec. 6, 1935.	
Full Name of Child . .	GIOMBETTI.	
Sex, Color, and if Twin	Female-White.	Born alive? Yes
Place of Birth	Cordaville Road.	
	Street and Number, if any	
Full Name of Father .	GIOMBETTI, Anthony.	Age 47.
Maiden Name of Mother	FINOCHI, Maria	Age 42
Residence of Parents .	Cordaville Road.	
	Street and Number, if any	
Occupation of Father .	Shoeworker.	
Occupation of Mother .	Home.	
Birthplace of Father . .	Italy.	
Birthplace of Mother .	II	

Dated at Marlborough, Dec. 7, 1935. 193

I did personally attend the birth.

 152
 Signature of person making return or in attendance at birth.

 Cydr H. Merrill
 Marlboro. Mass

MIDDLESEX

(COUNTY)

MARLBOROUGH

(CITY OR TOWN)

Marlboro Hospital

NO.

STREET

WARD

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

COPY OF

CERTIFICATE OF BIRTH

Registered No. #31

(If birth occurred in a hospital or institution,
give its NAME instead of street and number)

William Mauro

2 FULL NAME OF CHILD

3 Sex

male

3a Color

W

4

If plural

Births

(a) Twin, triplet or other

(b) Number, in order of birth

5 Born ALIVE or STILLBORN

alive

6 Date

of Birth

Dec

30

1935

(MONTH)

(DAY)

(YEAR)

7

FULL

NAME

FATHER

Joseph Mauro

13

MAIDEN

NAME

PRESENT

NAME

MOTHER

Lucy Pessolano

Mauro

8

RESIDENCE, No.

Latisquama Road

STREET

CITY OR TOWN

Southborough Mass

14

RESIDENCE, No.

Latisquama Rd

STREET

CITY OR TOWN

Southborough Mass

9

COLOR

OR RACE

W

10

AGE AT LAST

BIRTHDAY

36

(YEARS)

15

COLOR

OR RACE

16

AGE AT LAST

BIRTHDAY

28

(YEARS)

11

PLACE

OF BIRTH

Fayville

Mass

(CITY OR TOWN)

(STATE OR COUNTRY)

17

PLACE

OF BIRTH

Marlborough Mass

(CITY OR TOWN)

(STATE OR COUNTRY)

12

OCCUPATION

chauffeur

18

OCCUPATION

at home

19

SIGNATURE OF

ATTENDANT AT BIRTH

M.O. Robbins

(NAME)

(PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No.

Supt Hosp

STREET

(CITY OR TOWN)

DATE

Jan

9

1936

(MONTH)

(DAY)

(YEAR)

DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?

20

RECEIVED

(MONTH)

(DAY)

(YEAR)

Jan

10

21 1936

RECEIVED

(MONTH)

(DAY)

(YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29. No. 7182-f

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31, No. 3385-c

1 PLACE OF BIRTH Middlesex 1936 (COUNTY) Framingham (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
COPY OF CERTIFICATE OF BIRTH				Registered No.			
NO.		Framingham Union Hosp. STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME OF CHILD Earl Raymond Smiddy Jr.							
3 Sex m		4 (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....		5 Born ALIVE or STILLBORN alive		6 Date of Birth Jan. 16, 1936 (MONTH) (DAY) (YEAR)	
3a Color W							
7 FATHER FULL NAME Earl R. Smiddy				13 MOTHER MAIDEN NAME Agnes E. Lally PRESENT NAME Smiddy			
8 RESIDENCE, No. Turnpike rd. STREET CITY OR TOWN Southboro STATE				14 RESIDENCE, No. Turnpike rd. STREET CITY OR TOWN Southboro STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 33 (YEARS)		15 COLOR OR RACE		16 AGE AT LAST BIRTHDAY 32 (YEARS)	
11 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Boston, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Engineer				18 OCCUPATION h w			
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)				Framingham (CITY OR TOWN)			
ADDRESS No. STREET				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
DATE (MONTH) (DAY) (YEAR)							
20 RECEIVED 154 1/22/36 (MONTH) (DAY) (YEAR) W. S. Walsh				21 RECEIVED May 20 36 (MONTH) (DAY) (YEAR) Olson			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

MIDDLESEX

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

(COUNTY)
MARLBOROUGH

(CITY OR TOWN)

Marlboro Hospital

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1

PLACE OF BIRTH NO. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD George Alfred Labarre

3 Sex male 4 (a) Twin, triplet or other 5 Born ALIVE or STILLBORN alive 6 Date Feb 27 1936
3a Color W If plural Births (b) Number, in order of birth (MONTH) (DAY) (YEAR)

7 FATHER FULL NAME George Labarre 13 MOTHER MAIDEN NAME Anna Lacombe
PRESENT NAME Labarre

8 RESIDENCE, No. White Bagley Rd STREET Southborough CITY OR TOWN Southborough STATE Mass
14 RESIDENCE, No. White Bagley Rd STREET Southborough CITY OR TOWN Southborough STATE Mass

9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 31 (YEARS) 15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 34 (YEARS)

11 PLACE OF BIRTH Marlborough Mass (CITY OR TOWN) (STATE OR COUNTRY) 17 PLACE OF BIRTH Marlborough Mass. (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION Pharmacist 18 OCCUPATION at home

19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins (PHYSICIAN, PARENT OR OTHER, ETC.)
Supt Hosp (CITY OR TOWN)

ADDRESS No. STREET Marlborough (CITY OR TOWN)

DATE March 1 1936 (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes

20 RECEIVED Mar 15 1936 (MONTH) (DAY) (YEAR) 21 RECEIVED March 19 (MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your town or city obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-'31. No. 3385-c

1 PLACE OF BIRTH WORCESTER (COUNTY) WORCESTER (CITY OR TOWN) Memorial Hosp No. --- STREET WARD		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		WORCESTER (CITY OR TOWN MAKING THIS RETURN) Registered No.	
2 FULL NAME OF CHILD --- Briggs					
3 Sex ☒ 4 (a) Twin, triplet or other.....		5 Born ALIVE or STILLBORN		6 Date of Birth	
3a Color ☒ If plural Births (b) Number, in order of birth.....		Alive		Mar 9, 1936 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Richard A Briggs			13 MOTHER MAIDEN NAME Grace C Sweet PRESENT NAME Grace C Briggs		
8 RESIDENCE, No. - Deerfoot Rd STREET CITY OR TOWN Southboro STATE Mass			14 RESIDENCE, No. - Deerfoot Rd STREET CITY OR TOWN Southboro STATE Mass		
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 19 (YEARS)		15 COLOR OR RACE W	
11 PLACE OF BIRTH Pittsburgh Pa (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY 20 (YEARS)		17 PLACE OF BIRTH Worcester (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION Farmhand			18 OCCUPATION Housewife		
19 SIGNATURE OF ATTENDANT AT BIRTH Geo H Stone M D Supt (NAME) Memorial Hosp (CITY OR TOWN) ADDRESS No. --- STREET DATE --- (MONTH) (DAY) (YEAR)					
DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? No					
20 RECEIVED Mar 12, 1936 156 (MONTH) (DAY) (YEAR) Mahalyn C. Mitzler REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED April 16, 1936 (MONTH) (DAY) (YEAR) J. S. Fairbanks REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH		Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
1		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Framingham Union Hosp.		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Mary Lillian Cummings							
3 Sex fe		4 (a) Twin, triplet or other.....		5 Born ALIVE or STILLBORN alive		6 Date April 4, 1936 (MONTH) (DAY) (YEAR)	
3a Color W		If plural Births (b) Number, in order of birth.....					
7 FATHER FULL NAME Joseph F. Cummings				13 MOTHER MAIDEN NAME Avis H. Marshall PRESENT NAME Cummings			
8 RESIDENCE, No. Parker rd. CITY OR TOWN Southboro STATE				14 RESIDENCE, No. Parker rd. CITY OR TOWN Southboro STATE			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 44 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 41 (YEARS)	
11 PLACE OF BIRTH Boston, Mass. (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Lowell, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Market gardens				18 OCCUPATION h w			
19 SIGNATURE OF ATTENDANT AT BIRTH Benjamin S. Wood (NAME)				M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No.				STREET Weston (CITY OR TOWN)			
DATE (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes			
20 RECEIVED 151 1/7/36 (MONTH) (DAY) (YEAR) W. S. Walsh REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				21 RECEIVED May 7 - 1936 (MONTH) (DAY) (YEAR) O. F. Fink REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

MIDDLESEX

MARLBOROUGH

(CITY OR TOWN)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1

PLACE OF BIRTH

NO. Marlboro Hospital STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Albert Cicolini

3 Sex male 4 If plural Births (a) Twin, triplet or other..... 5 Born ALIVE or STILLBORN ALIVE 6 Date of Birth April 20 1936
3a Color W (b) Number, in order of birth..... (MONTH) (DAY) (YEAR)

7 FATHER FULL NAME Andrew Cicolini 13 MOTHER MAIDEN NAME Augusta Pedinotti
PRESENT NAME Cicolini

8 RESIDENCE, No. Cherry St. STREET MASS 14 RESIDENCE, No. Cherry St. STREET MASS
CITY OR TOWN Fayville STATE MASS CITY OR TOWN Fayville STATE MASS

9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 42 (YEARS) 15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 42 (YEARS)

11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY) 17 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION W.P.A worker 18 OCCUPATION AT HOME

19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins (NAME) Dr. Merrill (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. Sunt Hosp STREET MARLBOROUGH (CITY OR TOWN)

DATE April 30 1936 (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? YES

20 RECEIVED May 5 1936 (MONTH) (DAY) (YEAR) 21 RECEIVED May 25 (MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

100M-11-29. No. 7182-f

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
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MARGIN RESERVED FOR BINDING

MIDDLESEX

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

1 PLACE OF BIRTH

(COUNTY)

MARLBOROUGH

(CITY OR TOWN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

NO. Marlboro Hospital STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Nancy Louise Park

3 Sex female 4 (a) Twin, triplet or other 5 Born ALIVE or STILLBORN ALIVE 6 Date of Birth April 28 1936
3a Color W If plural Births (b) Number, in order of birth (MONTH) (DAY) (YEAR)

7 FATHER FULL NAME William Park 13 MOTHER MAIDEN NAME Beatrice Miller
PRESENT NAME Park

8 RESIDENCE, No. Turnpike Rd STREET 14 RESIDENCE, No. Turnpike Rd STREET
CITY OR TOWN Fayville STATE MASS CITY OR TOWN Fayville STATE MASS

9 COLOR W 10 AGE AT LAST BIRTHDAY 34 (YEARS) 15 COLOR W 16 AGE AT LAST BIRTHDAY 27 (YEARS)
OR RACE (YEARS) OR RACE (YEARS)

11 PLACE OF BIRTH Newton Mass 17 PLACE OF BIRTH Fayville Mass
(CITY OR TOWN) (STATE OR COUNTRY) (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION farmer 18 OCCUPATION AT HOME

19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins Dr. Merrill
(NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. Supt Hosp STREET MARLBORO
(CITY OR TOWN)

DATE May 2 1936 DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? YES
(MONTH) (DAY) (YEAR)

20 RECEIVED May 20 1936 21 RECEIVED June 10
159 (MONTH) (DAY) (YEAR) (MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING

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MIDDLESEX

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1

PLACE OF BIRTH

(COUNTY)

MARLBOROUGH

(CITY OR TOWN)

Marlboro Hospital

NO. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Paul Maley

3a Sex Male	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN ALIVE	6 Date of Birth May 2 1936
3a Color	(b) Number, in order of birth.....		(MONTH)	(DAY) (YEAR)

7 FATHER FULL NAME John H. Maley	13 MOTHER MAIDEN NAME Elizabeth Byrne PRESENT NAME Maley
--	--

8 RESIDENCE, No. Winchester St. CITY OR TOWN Southborough STATE MASS	14 RESIDENCE, No. Winchester St. CITY OR TOWN Southborough STATE MASS
---	--

9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 43 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 42 (YEARS)
-------------------	------------------------------------	--------------------	------------------------------------

11 PLACE OF BIRTH Southborough Mass (CITY OR TOWN) (STATE OR COUNTRY)	17 PLACE OF BIRTH Marlborough Mass. (CITY OR TOWN) (STATE OR COUNTRY)
---	---

12 OCCUPATION Janitor	18 OCCUPATION AT HOME Dr. Johnson
-----------------------	-----------------------------------

19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins Supt Hosp (NAME)	(PHYSICIAN, PARENT OR OTHER, ETC.) MARLBORO
--	--

ADDRESS No. STREET (CITY OR TOWN)

DATE May 4 1936 (MONTH) (DAY) (YEAR)	DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? YES
---	--

20 RECEIVED May 20 1936 (MONTH) (DAY) (YEAR)	21 RECEIVED June 10 (MONTH) (DAY) (YEAR)
---	---

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

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100M-11-29, No. 7182-1

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100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Ayer (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Ayer (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Robert Haskins				Registered No.	
3 Sex M	4 (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....	5 Born ALIVE or STILLBORN Alive	6 Date of Birth May 8, 1936 (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME Basil Haskins		13 MOTHER MAIDEN NAME Marion Pollock PRESENT NAME Marion Pollock Haskins			
8 RESIDENCE, No. Middle Road STREET CITY OR TOWN Southboro STATE Mass		14 RESIDENCE, No. Middle Road STREET CITY OR TOWN Southboro STATE Mass			
9 COLOR OR RACE White	10 AGE AT LAST BIRTHDAY 27 (YEARS)	15 COLOR OR RACE White		16 AGE AT LAST BIRTHDAY 22 (YEARS)	
11 PLACE OF BIRTH Port Mouton, Nova Scotia (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Westford, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Iceman		18 OCCUPATION Housewife			
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph A. McLean (NAME)		Physician Ayer (PHYSICIAN, PARENT OR OTHER, ETC.) (CITY OR TOWN)			
ADDRESS No. 24 Washington St. STREET		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes			
DATE May 15, 1936 (MONTH) (DAY) (YEAR)					
20 RECEIVED May 19, 1936 (MONTH) (DAY) (YEAR) <i>James R. Pender</i> REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		21 RECEIVED May 22, 1936 (MONTH) (DAY) (YEAR) <i>Marion Pollock Haskins</i> REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

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100m-9-31. No. 3385-c

1 PLACE OF BIRTH WORCESTER (COUNTY) WORCESTER (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		WORCESTER (CITY OR TOWN MAKING THIS RETURN)	
COPY OF CERTIFICATE OF BIRTH				Registered No.			
NO. Memorial Hosp		STREET		WARD		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD --- Bullard							
3 Sex M	4 (a) Twin, triplet or other. Twin	5 Born ALIVE or STILLBORN Alive	6 Date of Birth May 16, 1936				
3a Color W	If plural Births	(b) Number, in order of birth 1	(MONTH) (DAY) (YEAR)				
7 FATHER FULL NAME Edmund H Bullard				13 MOTHER MAIDEN NAME Mary Draper PRESENT NAME Mary Bullard			
8 RESIDENCE, No. - Main STREET				14 RESIDENCE, No. - Main STREET			
CITY OR TOWN Southboro STATE Mass				CITY OR TOWN Southboro STATE Mass			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 33 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 34 (YEARS)	
11 PLACE OF BIRTH Medfield (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Southboro (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Salesman				18 OCCUPATION Housewife			
19 SIGNATURE OF ATTENDANT AT BIRTH Geo H Stone M D Supt (NAME) Memorial Hosp ADDRESS No. STREET Worcester (CITY OR TOWN)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? No			
DATE --- (MONTH) (DAY) (YEAR)				20 RECEIVED 162 May 18, 1936 (MONTH) (DAY) (YEAR)			
21 RECEIVED May 25 (MONTH) (DAY) (YEAR)				22 RECEIVED May 25 (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED Malcolm C. Midgley				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH WORCESTER (COUNTY) WORCESTER (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		WORCESTER (CITY OR TOWN MAKING THIS RETURN)	
COPY OF CERTIFICATE OF BIRTH				Registered No.			
NO. Memorial Hosp		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME OF CHILD --- Bullard							
3 Sex F	4 (a) Twin, triplet or other Twin	5 Born ALIVE or STILLBORN Alive	6 Date of Birth May 16, 1936				
3a Color W	If plural Births	(b) Number, in order of birth 2	(MONTH) (DAY) (YEAR)				
7 FATHER FULL NAME Edmund H Bullard				13 MOTHER MAIDEN NAME Mary Draper PRESENT NAME Mary Bullard			
8 RESIDENCE, No. - Main STREET CITY OR TOWN Southboro STATE Mass				14 RESIDENCE, No. - Main STREET CITY OR TOWN Southboro STATE Mass			
9 COLOR OR RACE W		10 AGE AT LAST BIRTHDAY 33 (YEARS)		15 COLOR OR RACE W		16 AGE AT LAST BIRTHDAY 34 (YEARS)	
11 PLACE OF BIRTH Medfield (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Southboro (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Salesman				18 OCCUPATION Housewife			
19 SIGNATURE OF ATTENDANT AT BIRTH Geo H Stone M D Supt (NAME) Memorial Hosp (CITY OR TOWN)				19 (PHYSICIAN, PARENT OR OTHER, ETC.) Worcester (CITY OR TOWN)			
ADDRESS No. --- STREET				No			
DATE (MONTH) (DAY) (YEAR)				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? No			
20 RECEIVED 163 May 18, 1936 (MONTH) (DAY) (YEAR) Malcolm C. Midgley REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				21 RECEIVED May 25 (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

MIDDLESEX

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MARLBOROUGH

(CITY OR TOWN MAKING THIS RETURN)

MARLBOROUGH



(CITY OR TOWN)

Marlboro Hospital

COPY OF
CERTIFICATE OF BIRTH

Registered No.

NO. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Charles William Johnson

2 FULL NAME OF CHILD

3 Sex male	4 If plural Births (a) Twin, triplet or other..... (b) Number, in order of birth.....	5 Born ALIVE or STILLBORN ALIVE	6 Date of Birth June 10 1936 (MONTH) (DAY) (YEAR)
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7 FATHER FULL NAME Sereno W. Johnson	13 MOTHER MAIDEN NAME Doris Drake PRESENT NAME Johnson
---	--

8 RESIDENCE, No. Northboro Rd STREET CITY OR TOWN Southborough STATE MASS	14 RESIDENCE, No. Northboro Rd STREET CITY OR TOWN Southborough Mass STATE
---	---

9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 33 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 24 (YEARS)
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11 PLACE OF BIRTH Southboro Mass (CITY OR TOWN) (STATE OR COUNTRY)	17 PLACE OF BIRTH Stoughton Mass (CITY OR TOWN) (STATE OR COUNTRY)
---	---

12 OCCUPATION farmer	18 OCCUPATION Dr. Smith
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19 SIGNATURE OF ATTENDANT AT BIRTH M.C. Robbins	(PHYSICIAN, PARENT OR OTHER, ETC.)
---	------------------------------------

ADDRESS No. Supt Hosp	STREET MARLBORO (CITY OR TOWN)
------------------------------	--

DATE June 20 1936 (MONTH) (DAY) (YEAR)	DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? YES
--	---

20 RECEIVED July 1 1936 (MONTH) (DAY) (YEAR)	21 RECEIVED July 3 1936 (MONTH) (DAY) (YEAR)
--	--

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred (See Chap. 46 Sec. 12 G. 1). If you can obtain from parents now living in your city or town a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

50m-11-'30. No. 605-e

1 PLACE OF BIRTH		SUFFOLK (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		BOSTON (CITY OR TOWN MAKING THIS RETURN)	
1		BOSTON (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No. 8263	
NO.		The Faulkner Hospital		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME OF CHILD				Cynthia Joan Holland			
3 Sex	F	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN		6 Date	July	15 1936
3a Color	W	(b) Number, in order of birth	"		of Birth	(MONTH)	(DAY) (YEAR)
7 FATHER		13 MOTHER					
FULL NAME		John A Holland		MAIDEN NAME		Claire E Rourke	
				PRESENT NAME		Holland	
8 RESIDENCE, No.		STREET		14 RESIDENCE, No.		STREET	
CITY OR TOWN		Southboro		CITY OR TOWN		Southboro	
STATE				STATE			
9 COLOR OR RACE	W	10 AGE AT LAST BIRTHDAY	34	(YEARS)	15 COLOR OR RACE	W	16 AGE AT LAST BIRTHDAY
11 PLACE OF BIRTH	Winchester	Mass		17 PLACE OF BIRTH		East Boston	
(CITY OR TOWN)		(STATE OR COUNTRY)		(CITY OR TOWN)		(STATE OR COUNTRY)	
12 OCCUPATION		Bus operator		18 OCCUPATION		Housewife	
19 SIGNATURE OF ATTENDANT AT BIRTH		R S Titus		(NAME)		(PHYSICIAN, PRESENT OR ATTENDING PHYSICIAN)	
ADDRESS No.		STREET		BOSTON		(CITY OR TOWN)	
DATE	July	15	1936	DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?		yes	
(MONTH)		(DAY)		(YEAR)			
20 RECEIVED	165	July	20	1936	21 RECEIVED	November	26 1936
(MONTH)		(DAY)		(YEAR)		(MONTH)	
Hilda Hedstrom Davis				E. J. Fairbanks			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Albert Carl Corwin				Registered No.	
3 Sex <u>M</u>	4 (a) Twin, triplet or other..... If plural Births (b) Number, in order of birth.....	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth <u>July 23, 1936</u> (MONTH) (DAY) (YEAR)		
3a Color <u>W</u>	7 FATHER FULL NAME <u>Mark C. Corwin</u>		13 MOTHER MAIDEN NAME <u>Esther Humphrey</u> PRESENT NAME <u>Corwin</u>		
8 RESIDENCE, No. <u>Southville rd.</u> CITY OR TOWN <u>Southboro</u> STATE	14 RESIDENCE, No. <u>Southville rd.</u> CITY OR TOWN <u>Southboro</u> STATE				
9 COLOR OR RACE <u>W</u>	10 AGE AT LAST BIRTHDAY <u>32</u> (YEARS)	15 COLOR OR RACE <u>W</u>	16 AGE AT LAST BIRTHDAY <u>36</u> (YEARS)		
11 PLACE OF BIRTH <u>Charlestown Boston, Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)	17 PLACE OF BIRTH <u>Somerville, Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)				
12 OCCUPATION <u>Accountant</u>	18 OCCUPATION <u>h w</u>				
19 SIGNATURE OF ATTENDANT AT BIRTH <u>Benjamin S. Wood</u> (NAME)	M.D. <u>M.D.</u> (PHYSICIAN, PARENT OR OTHER, ETC.)				
ADDRESS No.		STREET <u>Weston</u> (CITY OR TOWN)			
DATE (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>			
20 RECEIVED <u>166</u> <u>7/28/36</u> (MONTH) (DAY) (YEAR)	21 RECEIVED <u>see 7-36</u> (MONTH) (DAY) (YEAR)				
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF BIRTH

Registered No.

PLACE OF BIRTH

Middlesex

(COUNTY)

Framingham

(CITY OR TOWN)



NO. Framingham Union Ave. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Albert Carl Corwin

3 Sex m	4 If plural Births (a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth July 23, 1936
3a Color W	(b) Number, in order of birth.....		(MONTH) (DAY) (YEAR)

7 FATHER FULL NAME Mark C. Corwin	13 MOTHER MAIDEN NAME Esther Humphrey
	PRESENT NAME Corwin

8 RESIDENCE, NO. Southville rd. STREET	14 RESIDENCE, NO. Southville rd. STREET
CITY OR TOWN Southboro STATE	CITY OR TOWN Southboro STATE

9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY 38 (YEARS)	15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY 36 (YEARS)
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11 PLACE OF BIRTH Charlestown, Mass. (CITY OR TOWN) (STATE OR COUNTRY)	17 PLACE OF BIRTH Somerville, Mass. (CITY OR TOWN) (STATE OR COUNTRY)
---	--

12 OCCUPATION Accountant	18 OCCUPATION h w
---------------------------------	--------------------------

19 SIGNATURE OF ATTENDANT AT BIRTH Benjamin S. Wood (NAME)	M.D. (PHYSICIAN, PARENT OR OTHER, ETC.)
---	--

ADDRESS NO.	STREET Framingham (CITY OR TOWN)
------------------	---

DATE (MONTH) (DAY) (YEAR)	DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes
---------------------------	---

20 RECEIVED 167 7/28/40 (MONTH) (DAY) (YEAR)	21 RECEIVED Spr 1 36 (MONTH) (DAY) (YEAR)
--	---

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

SUFFOLK

(COUNTY)

BOSTON

(CITY OR TOWN)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF BIRTH

BOSTON

(CITY OR TOWN MAKING THIS RETURN)

Registered No. 9293

1 PLACE OF BIRTH

No. Richardson House

STREET

WARD

(If birth occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME OF CHILD

Thomas Little Bushman

3 Sex

M

4

(a) Twin, triplet or other

5 Born ALIVE or STILLBORN

11

6 Date

of Birth

Aug

7

1936

3a Color

W

If plural Births

(b) Number, in order of birth

(MONTH)

(DAY)

(YEAR)

7

FULL NAME

FATHER

Victor C Bushman

13

MAIDEN NAME

Esther Little

PRESENT NAME

Bushman

8

RESIDENCE, No.

STREET

CITY OR TOWN

Southboro

STATE

14

RESIDENCE, No.

STREET

CITY OR TOWN

Southboro

STATE

9

COLOR OR RACE

W

10

AGE AT LAST BIRTHDAY

45

(YEARS)

15

COLOR OR RACE

W

16

AGE AT LAST BIRTHDAY

38

(YEARS)

11

PLACE OF BIRTH

(CITY OR TOWN)

Germany

(STATE OR COUNTRY)

17

PLACE OF BIRTH

Boston

(CITY OR TOWN)

Mass

(STATE OR COUNTRY)

12

OCCUPATION

Broker

18

OCCUPATION

Housewife

19

SIGNATURE OF ATTENDANT AT BIRTH

P Gustafson

(NAME)

(PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No.

STREET

BOSTON

(CITY OR TOWN)

DATE

Aug

7

1936

(MONTH)

(DAY)

(YEAR)

DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?

yes

20

RECEIVED

Aug

11

1936

(MONTH)

(DAY)

(YEAR)

Hilda Hedstrom Quirk

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

21

RECEIVED

December

10

1936

(MONTH)

(DAY)

(YEAR)

C. Z. F. Smith

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Marlborough

(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH
Middlesex
(COUNTY)
Marlborough
(CITY OR TOWN)

NO. Marlborough Hospital STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Antranig Gulbankian

3 Sex M 4 (a) Twin, triplet or other. 5 Born ALIVE or STILLBORN 6 Date
3a Color W If plural Births (b) Number, in order of birth Alive of Birth August 10, 1936
(MONTH) (DAY) (YEAR)

7 FATHER
FULL NAME George Gulbankian

13 MOTHER
MAIDEN NAME Eva Meridian
PRESENT NAME Gulbankian

8 RESIDENCE, No. Cordaville Rd. STREET
CITY OR TOWN Southboro STATE

14 RESIDENCE, No. Cordaville Rd. STREET
CITY OR TOWN Southboro STATE

9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 44 (YEARS)

15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY 39 (YEARS)

11 PLACE OF BIRTH Turkey
(CITY OR TOWN) (STATE OR COUNTRY)

17 PLACE OF BIRTH Turkey
(CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION Farmer

18 OCCUPATION Housewife

19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins
(NAME)

Dr. Smith
(PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. Supt. of Hospital STREET
(CITY OR TOWN)

DATE August 30, 1936 DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes
(MONTH) (DAY) (YEAR)

20 RECEIVED 169 Sept. 5, 1936
(MONTH) (DAY) (YEAR)

21 RECEIVED OCT 9, 1936
(MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

THE COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH.

All names to be in full.

Date of Birth	August 25 th 1936
Full Name of Child . . .	ROLAND William JACKSON
Sex, Color, and if Twin	Male - White Born alive? Yes
Place of Birth	Main Street - Southboro
Full Name of Father	Joseph Morrison JACKSON Age 36
Maiden Name of Mother	Stella Mary HULL Age 38
Residence of Parents	Main Street - Southboro -
Occupation of Father	Superintendent Farm
Occupation of Mother	House-wife
Birthplace of Father	Danville - Quebec
Birthplace of Mother	Barnard - Vermont

Dated at Marlborough, August 29th 1936

I did 50 personally attend the birth.

Signature of person making return or in attendance at birth. } William B. Seles

1 PLACE OF BIRTH
(COUNTY)
(CITY OR TOWN)
NO. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD { If child is not yet named, make supplemental report, as directed

3 Sex male 4 { (a) Twin, triplet or other
If plural Births (b) Number, in order of birth 8 5 Born ALIVE or STILLBORN alive 6 Date September 20 1936
(MONTH) (DAY) (YEAR)

7 FATHER FULL NAME Ignatius Mennuci 13 MOTHER MAIDEN NAME Antonieta Giove
PRESENT NAME Antonieta Mennuci

8 RESIDENCE, No. 12 Grove STREET Grove 14 RESIDENCE, No. 12 Grove STREET Grove
CITY OR TOWN Southborough STATE Mass CITY OR TOWN Southborough STATE Mass

9 COLOR OR RACE white 10 AGE AT LAST BIRTHDAY 55 (YEARS) 15 COLOR OR RACE white 16 AGE AT LAST BIRTHDAY 40 (YEARS)

11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY) 17 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION laborer 18 OCCUPATION housewife

19 SIGNATURE OF ATTENDANT AT BIRTH Anthony P. Carogna (NAME) Physician (PHYSICIAN, PARENT OR OTHER, ETC.)
ADDRESS No. 149 Hawthorn STREET Chelsea
(CITY OR TOWN)

DATE Sept. 30 1936 (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes

20 RECEIVED AT OFFICE OF CITY OR TOWN CLERK October 2 1936
(MONTH) (DAY) (YEAR)

21 A TRUE COPY. ATTEST: 77 Fairbanks
(REGISTRAR)

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		See Dep # A11-95 Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD <u>Eleanor Cristina Dando</u>					
3 Sex <u>fe</u> 3a Color <u>W</u>		4 (a) Twin, triplet or other If plural Births (b) Number, in order of birth <u>alive</u>		5 Born ALIVE or STILLBORN <u>alive</u> 6 Date of Birth <u>Oct. 2, 1936</u> (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME <u>Thomas J. Dando</u>			13 MOTHER MAIDEN NAME <u>Eleanor Ekberg</u> PRESENT NAME <u>Dando</u>		
8 RESIDENCE, NO. <u>Parkerville rd.</u> STREET CITY OR TOWN <u>Southboro</u> STATE			14 RESIDENCE, NO. <u>Parkerville rd.</u> STREET CITY OR TOWN <u>Southboro</u> STATE		
9 COLOR OR RACE <u>W</u>		10 AGE AT LAST BIRTHDAY <u>42</u> (YEARS)		15 COLOR OR RACE <u>W</u>	
11 PLACE OF BIRTH <u>Scotland</u> (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY <u>30</u> (YEARS)		17 PLACE OF BIRTH <u>Kittery, Me.</u> (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION <u>Gardner</u>			18 OCCUPATION <u>W</u>		
19 SIGNATURE OF ATTENDANT AT BIRTH <u>Lee G. Kendall</u> M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)					
ADDRESS NO. STREET <u>Framingham</u> (CITY OR TOWN)					
DATE (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? <u>yes</u>					
20 RECEIVED <u>10/5/36</u> (MONTH) (DAY) (YEAR) <u>W. S. Walsh</u>			21 RECEIVED <u>Dec 7-36</u> (MONTH) (DAY) (YEAR) <u>L. S. Walsh</u>		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Framingham (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Union Hosp. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD James Hannon Daughan					
3 Sex m	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	
3a Color w		(b) Number, in order of birth	alive	Oct. 8, 1936	(MONTH) (DAY) (YEAR)
7 FATHER FULL NAME James Daughan			13 MOTHER MAIDEN NAME Marguerite Gobeille PRESENT NAME Daughan		
8 RESIDENCE, No. Boston rd. STREET CITY OR TOWN Southboro STATE			14 RESIDENCE, No. Boston rd. STREET CITY OR TOWN Southboro STATE		
9 COLOR OR RACE w	10 AGE AT LAST BIRTHDAY 35 (YEARS)	15 COLOR OR RACE w	16 AGE AT LAST BIRTHDAY 32 (YEARS)		
11 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Williamstown, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Cleansing business			18 OCCUPATION h w		
19 SIGNATURE OF ATTENDANT AT BIRTH Joseph C. Merriam M.D. (NAME)			PHYSICIAN, PARENT OR OTHER, ETC. Framingham (CITY OR TOWN)		
ADDRESS No. STREET			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? yes		
DATE (MONTH) (DAY) (YEAR)					
20 RECEIVED 10/14/36 (MONTH) (DAY) (YEAR) M3 Wm. L. Walsh			21 RECEIVED DEC 7-36 (MONTH) (DAY) (YEAR) J. H. Fink		
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Marlborough
(CITY OR TOWN MAKING THIS RETURN)

COPY OF
CERTIFICATE OF BIRTH

Registered No.

1 PLACE OF BIRTH
Middlesex (COUNTY)
Marlborough (CITY OR TOWN)
NO. Marlborough Hospital STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Leo Maguire

3 Sex M 4 (a) Twin, triplet or other. 5 Born ALIVE or STILLBORN 6 Date October 19, 1936.
3a Color W If plural Births (b) Number, in order of birth Alive (MONTH) (DAY) (YEAR)

7 FATHER FULL NAME Benedict Maguire 13 MOTHER MAIDEN NAME Katherine Carey
PRESENT NAME Maguire

8 RESIDENCE, No. Central Street STREET CITY OR TOWN Southboro STATE Mass. 14 RESIDENCE, No. Central Street STREET CITY OR TOWN Southboro STATE Mass.

9 COLOR OR RACE White 10 AGE AT LAST BIRTHDAY 42 (YEARS) 15 COLOR OR RACE White 16 AGE AT LAST BIRTHDAY 30 (YEARS)

11 PLACE OF BIRTH Lowell, Mass. (CITY OR TOWN) (STATE OR COUNTRY) 17 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION Steward 18 OCCUPATION Housewife

19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins (NAME) Dr. LeMarbe (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS NO. Marlborough Hospital STREET Marlborough (CITY OR TOWN)

DATE October 30, 1936 (MONTH) (DAY) (YEAR) DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes

20 RECEIVED November 7, 1936 (MONTH) (DAY) (YEAR) 21 RECEIVED Nov. 27 (MONTH) (DAY) (YEAR)

REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.)

100m-9-31. No. 3385-c

1 PLACE OF BIRTH		Middlesex (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Framingham (CITY OR TOWN MAKING THIS RETURN)	
1		Framingham (CITY OR TOWN)		COPY OF CERTIFICATE OF BIRTH		Registered No.	
NO.		Framingham Union Hosp.		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Patricia Anne Moore							
3 Sex		fe		4 (a) Twin, triplet or other.....		5 Born ALIVE or STILLBORN	
3a Color		W		(b) Number, in order of birth.....		6 Date of Birth	
				alive		Oct. 19, 1936	
						(MONTH) (DAY) (YEAR)	
7 FATHER				8 MOTHER			
FULL NAME				MAIDEN NAME			
Harry W. Moore				Harriet R. Hathaway			
				PRESENT NAME			
				Moore			
8 RESIDENCE, No.				14 RESIDENCE, No.			
Wood				Wood			
CITY OR TOWN				CITY OR TOWN			
Southboro				Southboro			
STATE				STATE			
9 COLOR OR RACE		10 AGE AT LAST BIRTHDAY		15 COLOR OR RACE		16 AGE AT LAST BIRTHDAY	
W		39		W		35	
		(YEARS)				(YEARS)	
11 PLACE OF BIRTH				17 PLACE OF BIRTH			
Worcester, Mass.				Newton, Mass.			
(CITY OR TOWN)				(CITY OR TOWN)			
(STATE OR COUNTRY)				(STATE OR COUNTRY)			
12 OCCUPATION				18 OCCUPATION			
Police officer				h w			
19 SIGNATURE OF ATTENDANT AT BIRTH				20 SIGNATURE OF ATTENDANT AT BIRTH			
H. L. Park				M.D.			
(NAME)				(PHYSICIAN, PARENT OR OTHER, ETC.)			
ADDRESS No.				STREET			
				Medfield			
				(CITY OR TOWN)			
DATE				DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH?			
(MONTH) (DAY) (YEAR)				yes			
20 RECEIVED				21 RECEIVED			
10/27/36				DEC 7-36			
(MONTH) (DAY) (YEAR)				(MONTH) (DAY) (YEAR)			
175 Wm. J. Walsh				Dr. J. J. Walsh			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chap. 46, Sec. 12, G. L.) If you are a parent, you should obtain a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Marlborough (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Marlborough (CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD Betty Ann Malcomb		3 Sex F 3a Color W		4 (a) Twin, triplet or other If plural Births (b) Number, in order of birth	
5 Born ALIVE or STILLBORN Alive		6 Date of Birth October 22, 1936 (MONTH) (DAY) (YEAR)		7 FATHER FULL NAME James Malcomb	
8 RESIDENCE, No. Winter CITY OR TOWN Fayville STATE Mass.		9 COLOR OR RACE White 10 AGE AT LAST BIRTHDAY 26 (YEARS)		11 PLACE OF BIRTH Adrian, West Virginia (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION Farming		13 MOTHER MAIDEN NAME Ella Pendleton PRESENT NAME Malcomb		14 RESIDENCE, No. Winter CITY OR TOWN Fayville STATE Mass.	
15 COLOR OR RACE White 16 AGE AT LAST BIRTHDAY 20 (YEARS)		17 PLACE OF BIRTH Fayville, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		18 OCCUPATION Housewife	
19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins (NAME)		20 RECEIVED November 7, 1936 (MONTH) (DAY) (YEAR)		21 RECEIVED Nov. 20 (MONTH) (DAY) (YEAR)	
ADDRESS No. Marlborough Hospital STREET Marlborough (CITY OR TOWN)		DATE October 30, 1936 (MONTH) (DAY) (YEAR)		DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes	
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

FORM R-6

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Chapter 46, Sec. 12, G. L.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

100M-11-29, No. 7182-f

1 PLACE OF BIRTH Middlesex (COUNTY) Marlborough (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF BIRTH		Marlborough (CITY OR TOWN MAKING THIS RETURN)	
NO. Marlborough Hospital STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No.	
2 FULL NAME OF CHILD Carol Ann Connor					
3 Sex F	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN Alive	6 Date of Birth November 9, 1936 (MONTH) (DAY) (YEAR)	
3a Color W	(b) Number, in order of birth				
7 FATHER FULL NAME John Connor			13 MOTHER MAIDEN NAME Marion Walkins PRESENT NAME Connor		
8 RESIDENCE, No. Cross St. STREET CITY OR TOWN Southboro, STATE Mass.			14 RESIDENCE, No. Cross St. STREET CITY OR TOWN Southboro STATE Mass.		
9 COLOR OR RACE White	10 AGE AT LAST BIRTHDAY 38 (YEARS)	15 COLOR OR RACE White		16 AGE AT LAST BIRTHDAY 32 (YEARS)	
11 PLACE OF BIRTH Marlborough, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Bridgewater, Mass. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Dennison Mfg. Co.			18 OCCUPATION At home		
19 SIGNATURE OF ATTENDANT AT BIRTH M.O. Robbins Supt. (NAME)			Dr. LeMarbre (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. Marlboro Hospital STREET Marlborough (CITY OR TOWN)					
DATE November 10, 1936 (MONTH) (DAY) (YEAR)			DID ABOVE NAMED PERSONALLY ATTEND THE BIRTH? Yes.		
20 RECEIVED December 10, 1936 (MONTH) (DAY) (YEAR) 177 J.B. Murphy REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED			21 RECEIVED Dec 16 (MONTH) (DAY) (YEAR) REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE		